2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # MOADO

Country

GLICK, BRIAN J. , ESQUIRE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

BRASTED, RAY

1405 SE 1ST STREET

FT: LAUDERDALE FL VSD - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

GLICK, MELANIE

1405 SE 1ST STREET FT LAUDERDALE FL

900 NORTH FEDERAL HWY 5355 TOWN CENTER RD, STE 801

BOCA RATON FL 33486

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

Zip

SIGNATURE

11.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

CITY-ST-ZIP

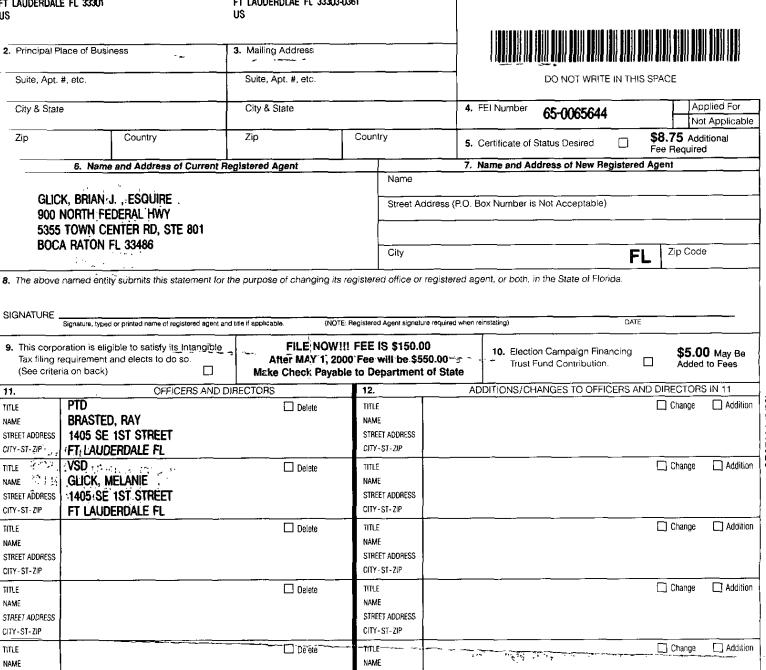
(See criteria on back)

PTD

1. Entity Name CARY-JOY COMMUNICATIONS, INC.		
Principal Place of Business	Mailing Address	_
1405 SE 1ST FT LAUDERDALE FL 33301 US	P O BOX 030397 FT LAUDERDLAE FL 33303-0361 US	
2. Principal Place of Business	3. Mailing Address	_
Suite, Apt. #, etc.	Suite, Apt. #, etc.	_
City & State	City & State	_

FILED Mar 06, 2000 8:00 am Secretary of State

03-06-2000 90017 021 ***150.00



13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachn

Country

FILE NOW!!! FEE IS \$150.00

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After MAY 1, 2000 Fee will be \$550.00 --

12.

TITLE

NAME

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Name

City

SIGNATURE:

□ Change

Addition