SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ~~ANNUAL REPORT~~ ~~1999~~

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

99 NOV 29 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F35019

1. Corporation Name
JOINT ENTERPRISES, INC.

Principal Place of Business
3111 - NORTH SURF ROAD
HOLLYWOOD, FLORIDA 33019

Mailing Address
613 Hibiscus Dr
Hallandale Fl
33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
MAY 15, 1981

2. Principal Place of Business
21 - SAME -
22 Suite, Apt. #, etc. -
23 City & State -
24 Zip - 25 Country USA

2a. Mailing Address
26 613 Hibiscus Dr
27 Suite, Apt. #, etc. -
28 City & State Hallandale Fla
29 Zip 33009 30 Country Broward

4. FEI Number
59-2105562
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
JAMES & MARIE GULLO
311 S.E 4th Ter
DANIA FLA.

10. Name and Address of New Registered Agent
81 Name LOUIS MANZELLA
82 Street Address (P.O. Box Number is Not Acceptable) 613 HIBISCUS DR
83 HALLANDALE
84 City FL 85 Zip 33009

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE [signature] 11/26/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JAMES R. GULLO 311 SE 4th TERRACE DANIA, FLORIDA 33004	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT LOUIS MANZELLA 613 HIBISCUS DRIVE HALLENDALE, FLORIDA 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JAMES R. GULLO 311 SOUTH EAST 4th TERRACE DANIA, FLORIDA 33004	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DIRECTOR LOUIS MANZELLA 613 HIBISCUS DRIVE HALLENDALE, FLORIDA 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY MARIE A. GULLO 311 SE 4th TERRACE DANIA, FLORIDA 33004	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SECRETARY LOUIS MANZELLA 613 HIBISCUS DRIVE HALLENDALE FLORIDA 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MARIE A. GULLO 311 SE 4th TERRACE DANIA, FLORIDA 33004	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	REINSTATEMENT	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	400003068884--5 -12/14/99--01093--002 ****758.75 ****758.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I hereby 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] X 11/26/99 954-927-5569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)