FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

F96000004651 (3)

JOY-MARK, INC.

FILED Apr 23 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address						(B) (JB) (B))
2121 E. NORSE AVE. 2121 E. NORSE AVE.								
CUDAHY WI 5	33110	CUDAHY WI 53110				DO NOT WRITE IN THIS	COLOE	
						3. Date Incorporated or Qualified	SPACE	
						09/10/1996		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ar	oplied For
21		26				39-1287057	No	ot Applicable
Sulte, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	•	Additional
22 City 8 Ctots		City & State						equired
City & State	•	<u></u> ⊢¬	City & State			6. Election Campaign Financing	\$5.00	
Zip	Country Zip Coi			····		Trust Fund Contribution		to Fees
24	25	<u> </u>	30	,		 This corporation owes or has paid the corporation owes or has paid the corporation. 		No langible
=:1	9. Name and Address of Curren		<u> </u>			10. Name and Address of New Registered		
LO/	VEJOY, J S		81	Ī	Name			
	53 OAKWOOD LAKE DR., #H10	2	82	2	Street Addre	ss (P.O. Box Number is Not Acceptable)		
BOI	NITA SPRINGS FL 33923							
			83	3				
			84	+-	City		85 Zip (Code
				1	•	FI	- !!	
11. Pursuant to office or re	o the provisions of Sections 607.050; e giste rod agent, or both, in the State	2 and 607.1508, Florida Statute of Florida. Such change was a	s, the abov uthorized b	ve-t	named corpo he corporatio	ration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing it	is registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE .	Signature, lyped or printed name of registered ager	Alou	6					
12.	OFFICERS AND	* **· * · · · · · · · · · · · · · · · ·	13.	jent	signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	99 IN 12
TITLE	PD	DELETE	1.1 TITLE			ADDITIONAL TO OFFICE A	Change	Addition
NAME	CLEMMONS, ORVILLE C		1.2 NAME		İ		•	_
STREET ADDRESS	W266 N7411 TIMBER RIDGE (CT.	1.3 STREE	ΤΑί	DORESS			
CITY-ST-ZIP	S USSEX WI 53089		1.4 CITY-	ST-	ZIP			
TITLE	81	☐ DELETE	2.1 TITLE				Change	Addition
NAME	CLEMMONS, BARBARA J	^=	2.2 NAME					
STREET ADDRESS	W266 N7411 TIMBER RIDGE (CI.	2.3 STREE) AC	DDRESS			İ
CITY-ST-ZIP	SUSSEX WI 53089	T beleve	2 4 CHY-		- ZIP			
TITLE	DC DELETE LOVEJOY, J S		3 1 TITLE				Change	Addition
NAME	27153 OAKWOOD LAKE DR.,	#U102	3.2 NAME					
STREET ADDRESS	BONITA SPRINGS FL 33923	#111UZ	3.3 STREE					
CITY-ST-ZIP	ACHILL OF HILLOO I F 00950	DELETE	3.4. CITY-S1-ZIP 4.1 TITLE		ZIP		Change	Addition
NAME			4.1 RILE 4. 2 NAME				- Oriente	- Addition
STREET ADDRESS			4.3 STREET		noress			
CITY-ST-ZIP			4.4 CITY-					
TITLE			5.1 TITLE	J1-,	211		Change	Addition
NAME			5.2 NAME				_ •	_
STREET ADDRESS			5.3 STREE	1 AD	DORESS			
CITY-ST-ZIP			5.4 CITY-	ST-2	ZIP			
TITLE		DELETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS	<u>~</u>		6.3 STREE	T AD	ODRESS			
CITY-ST-ZIP			6.4 CITY-					
14. I hereby co	ertify that the information supplied wi on this annual report or supplemental	th this filing does not qualify for Lannual report is true and accu	r the exemp urate and th	ptio rat	on stated in S my signature	ection 119.07(3)(i), Florida Statutes. I further c	ertify that the	information
officer or d	firector of the corporation or the rece	iver or trustee empowered to e	xecute this	re	port as requir	shall have the same legal effect as if made used by Chapter 607, Florida Statutes; and that	my name app	pears in
שוייטות וב ט	" Place to a disended bildie an attac	amoni mia an appross.	/			1. 1 / /	dans.	. 1

officer or director of the Block 12 or Block 13 if of