

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006479 (7)

1. Corporation Name
JOEY TECHNOLOGIES, INC.

Principal Place of Business 405 CENTRAL AVENUE, SUITE 400 ST. PETERSBURG FL 33701	Mailing Address 405 CENTRAL AVENUE, SUITE 400 ST. PETERSBURG FL 33701-3638
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 PO Box 112 26 Suite, Apt. #, etc. 27 City & State 28 St Petersburg, FL 29 Zip Country 30 33701-0112		3. Date Incorporated or Qualified 12/12/1996	3a. Date of Last Report
		4. FEI Number 59-3408748		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fees Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent DYER, DAVID F 405 CENTRAL AVENUE, SUITE 400 ST. PETERSBURG FL 33701		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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, 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNOLLY, JAMES L	1.2 NAME	
STREET ADDRESS	2080 MICHIGAN AVE, NE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	1.4 CITY-ST-ZIP	
TITLE	EVD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUKOWSKI, RANDALL E	2.2 NAME	
STREET ADDRESS	4197 13TH LANE NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	2.4 CITY-ST-ZIP	
TITLE	SDT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYER, HARRIET	3.2 NAME	
STREET ADDRESS	1311 BRIGHTWATERS BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLURE, J R	4.2 NAME	
STREET ADDRESS	425 20TH AVE., NE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	4.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYER, DAVID F	5.2 NAME	
STREET ADDRESS	1311 BRIGHTWATERS BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: HARRIET E. DYER **SIGNATURE REQUIRED** HARRIET E. DYER Date 4/17/97 813-823-0515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0007702

CR2E034 (9/96)