FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

DIVISION OF CORPORATIONS

G09267 **DOCUMENT #** 1. Corporation Name

(7)

JOAN LESLIE ROY & ASSOCIATES, INC.

Principal Place	of Business	Mailing Address			E 1884II 48(4 88)48 18(4 1848 Statt 1864 Statt Statt Statt Statt Statt Statt		
1416 SE. 11TH CT FORT LAUDERDALE FL 33316 US		1416SE 11 COURT FT LAUDERDALE FL 33316 US					
				3. Date Incorporated or Qualified 11/22/1982 3a. Date of Last Report 05/16/1995			
2. Principa! Place of Business		2a. Mailing Address 26				Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\$8.75 Additional		1	
22	., 616.	27			5. Certificate of Status Desired		Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution		Added to Fees
Ζιρ	Country	Zip	Country		B. This corporation has liability for		ders 199.032,
24	25	29	30		Florida Statutes Yes		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New F	tegistered Agei	n
			81	Name			
ROY, JOAN LESLIE			82 Street Ac		ress (P.O. Box Number is Not Acceptat	ole)	
	E. 11 COURT		-				
FT. LAUI	DERDALE FL 33316		83				
			84	City		FL 8	5 Zip Code
11 Pursuant t	to the provisions of Sections 607,050	2 and 607,1508, Florida Statul	tes, the above n	amed corpo	ration submits this statement for the pu	rpose of changir	ig its registered office
or ragistar	red agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was authoria	zed by the corbo	ration's boa	and of directors. I hereby accept the app	ointment as regi	stered agent. I am
	in, and accept the boligations of, sec	(IIO) 1007.0003, 11010a Otatuto	. ·				
SIGNATURE .	Signature, typed or printed name of registered ager	nt and tile if applicable (N	OTE: Registered Agent	signature require	ad when reinstating)	DATE	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE	PD	☐ DELETE	1. 1 TITLE			□ C	hange 🔲 Addition
NAME	ROY, JOAN LESLIE		1.2 NAME				
STREET ADDRESS	1416 SE 11 CT		1.3 STREET	address			
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		1.4 CITY-S	- ZIP			55 Addition
TITLE	D	☐ DELETE	2. 1 TITLE			□ c	hange 🔲 Addition
NAME	ROY, ERNEST J		2 2 NAME				
STREET ADDRESS	1416 SE 11 CT		23 STREET	ADDRESS			
CITY - ST - ZIP	FT LAUDERDALE, FL 00000		24 CITY-S	r-ZIP			hange
TITLE		☐ DELETE	3 1 TITLE			□ c	uange 🔲 Roomon
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4 CITY - S	I - ZIP			hange Addition
TITLE		☐ DELETE	4. 1 TITLE			L .	liginge [1] youron
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET	i			
CITY-ST-ZIP		P71 AP. P77	4 4 CITY-S	T-ZIP			hange Addition
TOLE		DELETE	5 1 TITLE			[] (INSTRUCT THE MAINTENANCE
NAME			52 NAME				
STREET ADDRESS	·		5.3 STREET				
CITY-ST-ZIP			5.4 CITY - S	T-ZIP			change Addition
T:TLF		DELETE	6. 1 TITLE				change
NAME			6.2 NAME	1			
SIREET ADDRESS		_	6.3 STREET	ADDRESS			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 application.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Spril 22, 1996

954 525-2330

CR2E034 (12/95)