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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H53662 (3)

1. Corporation Name
JOY FOSTER, INC.

Principal Place of Business

% DONALD E. FOSTER
1883 THE 12TH FAIRWAY
WEST PALM BEACH FL 33414

Mailing Address

% DONALD E. FOSTER
1883 THE 12TH FAIRWAY
WEST PALM BEACH FL 33414-6271



2. Principal Place of Business

21 1800 NW 111 TERRACE

Suite, Apt. #, etc.

22

City & State
PEMBROKE PINES, FL

Zip

24 33026-2265

Country

25 USA

2a. Mailing Address

26 1800 NW 111 TERRACE

Suite, Apt. #, etc.

27

City & State
PEMBROKE PINES, FL

Zip

29 33026-2265

Country

30 USA

g. Name and Address of Current Registered Agent

FOSTER, DONALD E.
1883 THE 12TH FAIRWAY
WEST PALM BEACH FL 33414

3. Date Incorporated or Qualified

04/24/1985

3a. Date of Last Report

03/20/1996

4. FEI Number

59-2613884

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1800 NW 111 TERRACE

83

84 City

PEMBROKE PINES, FL

FL

85 Zip Code

33026-2265

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

DONALD E. FOSTER

3/3/97

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME FOSTER, JOYCE J.
STREET ADDRESS 1883 THE 12TH FAIRWAY
CITY-ST-ZIP W. PALM BCH. FL

TITLE VDS ☐ DELETE

NAME FOSTER, MARTHA G.
STREET ADDRESS 13109-A QUIET WOODS RD.
CITY-ST-ZIP WEST PALM BEACH FL

TITLE DT ☐ DELETE

NAME FOSTER, DONALD E.
STREET ADDRESS 1883 THE 12TH FAIRWAY
CITY-ST-ZIP W. PALM BCH. FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1800 NW 111 TERRACE

1.4 CITY-ST-ZIP

PEMBROKE PINES, FL 33026-2265

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

1800 NW 111 TERRACE

PEMBROKE PINES, FL 33026-2265

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

CR2E034 (9/96)