

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90144 013 ***150.00

DOCUMENT # H53662

1. Corporation Name
JOY FOSTER, INC.



Principal Place of Business
1800 NW 111 TERR
1883 THE 12TH FAIRWAY
PEMBROKE PINES FL 33026-265
US

Mailing Address
1800 NW 111 TERR
1883 THE 12TH FAIRWAY
PEMBROKE PINES FL 33026-265
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/24/1985

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 **13109A Quiet Woods Road**
Suite, Apt. #, etc

2a. Mailing Address
26 **13109A Quiet Woods Road**
Suite, Apt. #, etc

22 City & State
23 **Wellington, FL**

27 City & State
28 **Wellington, FL**

24 Zip **33414** 25 Country

29 Zip **33414** 30 Country

9. Name and Address of Current Registered Agent

FOSTER, DONALD E
1800 NW 111 TERRACE
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81 Name **Donald E. Foster**
82 Street Address (P.O. Box Number is Not Acceptable)
13109A Quiet Woods Road
83
84 City **Wellington** FL 85 Zip Code **33414**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FOSTER, JOYCE J.	
STREET ADDRESS	1800 NW 111 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	FOSTER, MARTHA G.	
STREET ADDRESS	13109-A QUIET WOODS RD.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	FOSTER, DONALD E.	
STREET ADDRESS	1800 NW 111 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	13109A Quiet Woods Road
14 CITY-ST-ZIP	Wellington, FL 33414
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	13109A Quiet Woods Road
34 CITY-ST-ZIP	Wellington, FL 33414
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99 **561-790-6766**
Date Daytime Phone #

CR2E034 (11/98)