FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 19 AM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J13987 (9)

1. Corporation Name
JOYS WEB, INC.

Principal Place of Business	Mailing Address
% WILLIAM S. MCMAHON 3559 NW 9TH AVE OAKLAND PARK FL 33309	% WILLIAM S. MCMAHON 3559 NW 9TH AVE OAKLAND PARK FL 33309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3565 POWERLINE ROAD	2a. Mailing Address 26 3565 POWERLINE ROAD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 OAKLAND PARK FL	City & State 28 OAKLAND PARK, FL
Zip 24 33309 Country 25 USA	Zip 29 33309 Country 30 USA

3. Date Incorporated or Qualified 05/05/1986	3a. Date of Last Report 04/12/1994
4. FEI Number 59-2666191	☐ 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	

9. Name and Address of Current Registered Agent

MCMAHON, WILLIAM S.
3436 N. ANDREWS AVENUE
OAKLAND PARK FL 33309

10. Name and Address of New Registered Agent

81 Name: MCMAHON WILLIAM S
82 Street Address (P.O. Box Number is Not Acceptable): 3565 N POWERLINE ROAD
83
84 City: OAKLAND PARK FL 85 Zip Code: 33309

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☐ Change ☐ Addition
NAME	MCMAHON, WILLIAM S.	1.2 NAME	MCMAHON WILLIAM S	
STREET ADDRESS	3559 POWERLINE RD.	1.3 STREET ADDRESS	3565 POWERLINE ROAD	
CITY-ST-ZIP	OAKLAND DR. FL	1.4 CITY-ST-ZIP	OAKLAND PARK FL 33309	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: William S McMahon WILLIAM S MCMAHON 3-10-95 (305) 561-4741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0819962 CP