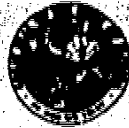


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**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

**% WILLIAM S. MCMAHON
3550 NW 8TH AVE
OAKLAND PARK FL 33309**

Mailing Address

**% WILLIAM S. MCMAHON
3550 NW 8TH AVE
OAKLAND PARK FL 33309**

DO NOT WRITE IN THIS SPACE.

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

2. Principal Place of Business 2a. Mailing Address
21 **3565 POWERLINE ROAD** 26 **3565 POWERLINE ROAD**

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

City & State City & State
23 **OAKLAND PARK FL** 28 **OAKLAND PARK, FL**

Zip Country Zip Country
24 **33309** 25 **USA** 29 **33309** 30 **USA**

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 607.1504, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	MCMAHON, WILLIAM S.	1.2 NAME	MCMAHON WILLIAM S
STREET ADDRESS	3550 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	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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)(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 address.

SIGNATURE: William S. McMahon WILLIAM S. MCMAHON 2-10-95 (305) 561-4741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date