FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K15578** **(3)**

1. Corporation Name

MARYJOYCE INCORPORATED

Principal Place of Business

% MARY F. WILLIAMS
600 NW 210TH ST #108
MIAMI FL 33169-2048

Mailing Address

% MARY F. WILLIAMS
600 NW 210TH ST #108
MIAMI FL 33169-2048

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **02/16/1988**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2888659** [ ] 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

WILLIAMS, MARY F
600 NW 210TH ST #108
MIAMI FL 33169-2048

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, 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. The street address of the registered office and the name of the registered agent are identical to any such office or agent of any other corporation or limited partnership maintained at the same street address in Florida.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	FINLEY, CRAIG W.	
STREET ADDRESS	2678 PEYTONWOODS TR	
CITY-ST-ZIP	ATLANTA GA	
TITLE	P	[ ] DELETE
NAME	WILLIAMS, MARY F.	
STREET ADDRESS	600 NW 210TH #108	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	[ ] DELETE
NAME	FINLEY, DONALD M.	
STREET ADDRESS	6613 NW 33 TER	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	T	[ ] DELETE
NAME	FINLEY, BENJAMIN F.	
STREET ADDRESS	692-B SABAL PALM CIR	
CITY-ST-ZIP	ALTAMONTE SPGS FL	
TITLE	VP	[ ] DELETE
NAME	FINLEY, KENNETH D.	
STREET ADDRESS	3019 BROADWAY #38	
CITY-ST-ZIP	FT MYERS FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[ ] Change	[ ] Addition
1. NAME		
1. STREET ADDRESS		
1. CITY-ST-ZIP		
2. TITLE	[ ] Change	[ ] Addition
2. NAME		
2. STREET ADDRESS		
2. CITY-ST-ZIP		
3. TITLE	[ ] Change	[ ] Addition
3. NAME		
3. STREET ADDRESS		
3. CITY-ST-ZIP		
4. TITLE	[ ] Change	[ ] Addition
4. NAME		
4. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE	[ ] Change	[ ] Addition
5. NAME		
5. STREET ADDRESS		
5. CITY-ST-ZIP		
6. TITLE	[ ] Change	[ ] Addition
6. NAME		
6. STREET ADDRESS		
6. CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied on this form is substantially in substantial compliance with, or is exempted from, the requirements of Section 119.07(5)(a), Florida Statutes. I further certify that the information provided in this annual report or supplemental or amended report is true and correct. I do hereby sign this document and make the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee or other court-appointed fiduciary pursuant to Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, I have complied with the requirements with an address.

SIGNATURE: Mary F. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/96

954-797-4871