

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Oct 01 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K15578 (3)**

1. Corporation Name  
**MARYJOYCE INCORPORATED**



Principal Place of Business <b>9619 FONTAINEBLEAU BLVD.                  #616                  MIAMI FL 33172</b>	Mailing Address <b>9619 FONTAINEBLEAU BLVD.                  #616                  MIAMI FL 33172</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified <b>02/16/1988</b>
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State
23 Zip	25 Country	28 Zip	30 Country
4. FEI Number <b>59-2888659</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>WILLIAMS, MARY F</b> <del>000 NW 210TH ST #100</del> <b>9619 Fontainebleau Blvd #616</b> <b>MIAMI FL 33109-2040 33172</b>		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number Is Not Acceptable)	
		83	
		84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FINLEY, CRAIG W.</b>	1.2 NAME	
STREET ADDRESS	<b>2878 PEYTONWOODS TR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, MARY F.</b>	2.2 NAME	
STREET ADDRESS	<del>000 NW 210TH #100</del>	2.3 STREET ADDRESS	<b>9619 Fontainebleau Blvd #616</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	<b>MIAMI, FL 33172</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FINLEY, DONALD M.</b>	3.2 NAME	
STREET ADDRESS	<del>8013 NW 33 TER</del>	3.3 STREET ADDRESS	<b>6013 NW 33 TER</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	3.4 CITY-ST-ZIP	<b>GAINESVILLE, FL 32602</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FINLEY, BENJAMIN F.</b>	4.2 NAME	
STREET ADDRESS	<del>600 S SABAL PALM CIR</del>	4.3 STREET ADDRESS	<b>433 SURREY RUN</b>
CITY-ST-ZIP	<b>ALTAMONTE SPGS FL</b>	4.4 CITY-ST-ZIP	<b>CASSELBERRY, FL 32707</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FINLEY, KENNETH D.</b>	5.2 NAME	
STREET ADDRESS	<del>3010 BROADWAY #38</del>	5.3 STREET ADDRESS	<b>304 MAINE PL</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>	5.4 CITY-ST-ZIP	<b>LEHIGH ACRES, FL 33936</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: Mary F. Williams MARY F. WILLIAMS 9/19/98 (305) 485-1109

CR2E034 (5/98)