Mailing Address



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **K43032**

1. Corporation Name JOY LOY, INC.

FILED Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90085 031 ***150.00

Principal Plac	e or business	Mailing Address					
5727 FORESTER POND AVE.		5727 FORESTER POND AVE.					
SARASOTA FL 34243		SARASOTA EL 34243		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					11/01/1988		
2 Principal D	2. Principal Place of Business 2a. Mailing Address				pplied For		
— '	1200 Or Dubinious	26			65-0086057	l N	ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75	Additional
22		27			5. Certifcate of Status Desired	Fee R	equired
City & Stat		City & State	,		6. Election Campaign Financing	\$5.00	May Be
City & State 28			Trust Fund Contribution		to Fees		
Zip	<u> </u>			8. This corporation owes the current year Inta	ngible	• /	
24	25 29 30		Personal Property Tax. Yes No				
24	9. Name and Address of Curren		<u></u>		10. Name and Address of New Registered A	gent	
			8	1 Name			
NG,	DAVIÖ YIU WAH		<u>-</u>	Ctro at A dad	ress (P.O. Box Number is Not Acceptable)		
5727	7 FORESTER POND AVE.		8:	Street Add	ress (F.O. DOX RUITIDE) IS NOT ACCEPTABLE)		
SAR	ASOTÁ FL 34243		8:	3			
						T	
			8-	6 City	FL	85 Zip	Code
	007.000	O COT 4500 Florido Statuto	the abo	us pamod son	poration submits this statement for the purpose of	hanging its	s registered
-4fice es	registered egent or both in the State	of Florida, Such change was all	itnorizea n	v tne cordorau	ion's board of directors. I hereby accept the appoint	tment as re	egistered
agent. I a	am familiar with, and accept the obligation	tions of, Section 607.0505, Flori	ida Statute	S.			
SIGNATURE		ALCTS:			ed when reinstating) DATE		
	Signature, typed or printed name of registered ager	ID DIRECTORS	13.	ent signature requir	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12
12.	DP OFFICERS AN	DELETE	1,1 TITLE		ADDITIONO/OF A TITLE OF THE OF	Change	
TITLE	(= ·	_ DELETE	1.2 NAME	l l		-	
NAME	NG, DAVID YIU WAH	•					
STREET ADDRESS				ET ADDRESS	••		
CITY-ST-ZIP	SARASOTA FL 34243	DELETE	1.4 CITY- 2.1 TITLE			Change	☐ Addition
TITLE	DST AND A MILL CLIEB	U DELETE					_
NAME	NG, LINDA MIU CHUN		2.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34243		2.4 CITY	-ST-ZIP		C Observed	
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	[3.2 NAME	:	•		
STREET ADDRESS			3.3 STRE	ET ADDRESS	•		
CITY-ST-ZIP			3.4. CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME	1		4.2 NAM	E			
STREET ADDRESS		a mario e sedan —	- 4.3 STRE	ET ADDRESS	المراجعة بسوالا		
CITY-ST-ZIP	[.]	•	4.4 CITY-				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME	1		5.2 NAME	.			
{			5.3 STRE	ET ADDRESS			•
STREET ADDRESS	1		5.4 CITY-	l l			
CITY-ST-ZIP :		☐ DELETE	6.1 TITLE			Change	☐ Addition
TITLE	1			1			
NAME			62 NAME	.		•	
l			6.2 NAME				
STREET ADDRESS	, 3			ET ADDRESS			

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.