SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT GUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

NANCY JOYCE, INC.

FILED Sep 03, 1999 8:00 am Secretary of State

09-03-1999 90003 025 ***150.00



Principal Place	of Business	Mailing Address			- 		
17314 U.S. 19T	'H NORTH	17314 U.S. 19TH NORTH				•	
HUDSON FL 34	1007	HUUSUN FL 34007	JDSON FL 34667		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		7
					01/03/1989]
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For]
21		26			59-2938715	Not Applicable	
Suite, Apt. a	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	1
22 -		27			U. Corangelo of clades Besides	Fee Required	1
City & State		Citý & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the curre	ent year	7
24	25	29	30		Intangible Personal Property.	Yes No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Agent	4
DA II	J, R G	_		81 Name	OUIS C DIETER		}
	d, r. g) n. dale mabry	`,			ess (P.O. Box Number is Not Acceptal	ole)	1
	E 38				314 US. 195 Nor	<u> </u>	4
	PA FL 33614			83			1
IAN	PA FL 33014			84 City		85 Zip Code	1
				HI	IDSON -	FL 34667	_
11. Pursuant office or r	to the provisions of sections 607.0502 egistered agent, or both in the State	and 607.1508, Florida Statutes of Florida. Such change was au	the about	ove-named corporation	ation submits this statement for the purin's board of directors. I hereby accept	rpose of changing its registered the appointment as registered	
	m familiar with, and ancept the obliga	volt of, section 607,0505, Flor	iua Stat	ites.		8126199	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registe	ed Agent signature requi	red when reinstating)	DATE	1 =
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	֓֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓
TITLE	P	DELETE	1.1 TET	LE		Change Addition	15
NAME	DIETER, LOUIS C.		1.2 NA	ME			18
STREET ADDRESS	17314 U.S. 19 NORTH		1.3 ST	REET ADDRESS			100
CITY-ST-ZIP	HUDSON FL 34667		1.4 CI	Y-ST-ZIP			16
TITLE		DELETE	2.1 TIT	LE	`	Change Addition]
NAME			2.2 NA	ME			
STREET ADDRESS			2.3 ST	REET ADDRESS			1
CITY-ST-ZIP		<u></u>	2.4 CI	Y-ST-ZIP .			
TITLE		DELETE	3.1 TIT	LE	· · ·	Change Addition	
NAME			3.2 NA	ME			-
STREET ADDRESS			3.3 STI	REET ADDRESS			
CITY-ST-ZIP			-	Y-ST-ZIP			4
TITLE		OELETE	4.1 TH	1		Change Addition	-
NAME			4.2 NA	ME			
STREET ADDRESS			4.3 ST	REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP -			4
TITLE		DELETE	5.1 TF	LE		Change Addition	
NAME			5.2 NA				
STREET ADDRESS			5.3 ST	REET ADDRESS			
CITY-ST-ZIP			_	Y-ST-ZIP			4
TITLE		☐ DELETE	6.1 TIT	년		Change Addition	
NAME			6.2 NA	ME			
STREET ADDRESS			6.3 ST	REET ADDRESS			
CITY-\$T-ZIP				Y-ST-ZIP			1
14. I hereby ce	rtify that the information supplied with	this fiting does not qualify for the	e exemp	tion stated in secti	ion 119.07(3)(i), Florida Statutes. I furti	ner certify that the information	1

indicated on this annual report or supplemental annual report an officer or director of the corporation or the receiver or trust in Block 12 or Block 13 if changed, or on an attachment with a ue and accurate and that my signature shall have the same legal effect as if made under oath; that I am mpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

SIGNATURE:

Daytime Phone #

R.G. RAJU

K55319 612354-90003-25

Certified Public Accountant

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sa irági dilaserti

-August-31,1999.y.

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, Fl-32302-1500

Re:

. i.)Nancy.loyce,Inc...

2)Annual Report.

Dear Sir/Madam:

Enclosed you-find:

1)Corporation Annual Report

150.00 Amount-\$150.00 Amount-\$150.00

Please waive the penalty of \$400.00 as my client Nancy Joyce Inc did not receive the first notice to file the annual reportion time. Your cooperation concerning this matter will be greatly appreciated.

Sincerely,

R.G.Raju, C.P.A.

Encl:2

Copy to Nancy Joyce, Inc.