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 # **K83633** **(3)**

1. Corporation Name

JOAN MAREE' OF DELRAY BEACH, INC.

Principal Place of Business	Mailing Address
C/O JOAN M. MIRISOLA 442 EAST ATLANTIC AVE. DELRAY BEACH FL 33483-4537	C/O JOAN M. MIRISOLA 442 EAST ATLANTIC AVE. DELRAY BEACH FL 33483-4537

3. Date Incorporated or Qualified: **04/26/1989**
3a. Date of Last Report: **04/21/1995**
4. FEI Number: **65-0115652** ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

9. Name and Address of Current Registered Agent

MIRISOLA, JOAN M.
442 EAST ATLANTIC AVE.
DELRAY BEACH FL

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Section 607.0505 and 607.1505, 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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1-1 TITLE	☐ Change ☐ Addition
NAME	MIRISOLA, JOAN M.		1-2 NAME	
STREET ADDRESS	740 E. OCEAN AVE.		1-3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL		1-4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2-1 TITLE	☐ Change ☐ Addition
NAME	HALL, L. E.		2-2 NAME	
STREET ADDRESS	1400 S. JOYCE ST.		2-3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA		2-4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3-1 TITLE	☐ Change ☐ Addition
NAME	MIRISOLA, THOMAS		3-2 NAME	
STREET ADDRESS	707 NE 9TH AVE.		3-3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL		3-4 CITY-ST-ZIP	
TITLE		☐ DELETE	4-1 TITLE	☐ Change ☐ Addition
NAME			4-2 NAME	
STREET ADDRESS			4-3 STREET ADDRESS	
CITY-ST-ZIP			4-4 CITY-ST-ZIP	
TITLE		☐ DELETE	5-1 TITLE	☐ Change ☐ Addition
NAME			5-2 NAME	
STREET ADDRESS			5-3 STREET ADDRESS	
CITY-ST-ZIP			5-4 CITY-ST-ZIP	
TITLE		☐ DELETE	6-1 TITLE	☐ Change ☐ Addition
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 report is accurate, that such information complies with the requirements of Section 119.07(3)(i), Florida Statutes, to the extent applicable to me, and that my name appears in Block 12 or Block 13 if changed or added above.

SIGNATURE: Joan Mirisola D 4/25/1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE
Joan Mirisola D

CR2E034 (12/95)