PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
May 01 1997 8:00am
Secretary of State

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

1. Corporation Name

JOAN MAREE' OF DELRAY BEACH, INC.

COPY

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

2. Principal Place of Business	2a. Mailing Address
21 ~~450~~ E. ATLANTIC AVE	26 ~~450~~ E ATLANTIC AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0115652 — Applied / Not Ap

5. Certificate of Status Desired ☐ — $8.75 Addi Fee Requir

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Added to Fe

8. This corporation has liability for intangible tax under s 199.0 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MIRISOLA, JOAN M. ~~442~~ EAST ATLANTIC AVE. DELRAY BEACH FL	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) ~~450~~ E. ATLANTIC AVE 83 84 City FL 85 Zip Code

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 register 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIRISOLA, JOAN M. 740 E. OCEAN AVE. BOYNTON BEACH FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALL, L. E. 1400 S. JOYCE ST. ARLINGTON VA	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~MIRISOLA,~~ THOMAS 707 NE 9TH AVE. BOYNTON BEACH FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ A

RW 5-1-97

500002169525
-05/07/97--01059--052
***165.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I fur 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 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 n appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joan Mirisola D — 4/25/1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Joan Mirisola D