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Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L00858

(5)

1. Corporation Name
JOSEPH ENTERPRISES, INC.



Principal Place of Business
1617 MADRID DRIVE S.W.
LARGO FL 34648

Mailing Address
1617 MADRID DRIVE S.W.
LARGO FL 33778-1219

3. Date Incorporated or Qualified 07/10/1989
3a. Date of Last Report 04/10/1996

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|--|--|--------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 59-2956199 | | Applied For Not Applicable | |
| 21 | | 26 | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 22 | | 27 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| City & State | | City & State | | | | | |
| 23 | | 28 | | | | | |
| Zip | Country | Zip | Country | | | | |
| 24 | 25 | 29 | 30 | | | | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| JOSEPH, R. JAMES 1617 MADRID DRIVE, SW LARGO FL 34648 | | | | 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 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 | PD JOSEPH, R. JAMES 1617 MADRID DR. S.W. LARGO FL | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOSEPH, R. JAMES | 1.2 NAME | |
| STREET ADDRESS | 1617 MADRID DR. S.W. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | LARGO FL | 1.4 CITY - ST - ZIP | |
| TITLE | STD JOSEPH, JO ANNE M. 1617 MADRID DR. S.W. LARGO FL | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOSEPH, JO ANNE M. | 2.2 NAME | |
| STREET ADDRESS | 1617 MADRID DR. S.W. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | LARGO FL | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 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 do 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 of this report, and an attached copy of a address.

SIGNATURE: R. James Joseph President 3/31/97 813-543-9912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)