

200.00 1-27-95 B-565-C  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
 ANNUAL REPORT  
 1995



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

DOCUMENT # **L93734** (6)  
 1. Corporation Name  
**G. L. JOY ENTERPRISES, INC.**

**FILED**  
 95 JAN 27 PM 4:09  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**6090 WOODBURY RD** **6090 WOODBURY RD**  
**BOCA RATON FL 33433** **BOCA RATON FL 33433**  
**US** **US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 28 Zip Country 29 Zip Country 30

3. Date Incorporated or Qualified **08/15/1990** 3a. Date of Last Report **04/26/1994**  
 4. FEI Number **65-0218781** 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

9. Name and Address of Current Registered Agent  
**JOY, GARY LEE**  
**6045 OLD COURT RD.**  
**#402**  
**BOCA RATON FL 33433**

10. Name and Address of Now Registered Agent  
 81 Name **Joy, Gary Lee**  
 82 Street Address (P.O. Box Number is Not Acceptable) **6090 Woodbury Rd**  
 83  
 84 City **Boca Raton** FL 85 Zip Code **33433**

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	JOY, GARY LEE
STREET ADDRESS	6045 OLD COURT RD. #402
CITY-ST-ZIP	BOCA RATON FL
TITLE	ST
NAME	JOY, GARY LEE
STREET ADDRESS	6045 OLD COURT RD. #402
CITY-ST-ZIP	BOCA RATON FL
TITLE	V
NAME	JOY, DEBORAH ELLEN
STREET ADDRESS	6045 OLD COURT RD., #402
CITY-ST-ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOY, GARY LEE
1.3 STREET ADDRESS	6090 Woodbury Rd
1.4 CITY-ST-ZIP	Boca Raton, FL
2.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOY, GARY LEE
2.3 STREET ADDRESS	6090 Woodbury Rd
2.4 CITY-ST-ZIP	Boca Raton, FL
3.1 TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOY, DEBORAH ELLEN
3.3 STREET ADDRESS	6090 Woodbury Rd
3.4 CITY-ST-ZIP	Boca Raton, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(3)(b), 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.

SIGNATURE: *Gary Lee Joy* 1/2/95 1-(907)395-8872  
 (Typed Name of Registered Agent or Director)