

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M21663 (3)**

1. Corporation Name  
**CONJOY, INC.**



Principal Place of Business

Mailing Address

C/O J. HAROLD KLOSHEIM, JR.  
3420 S. OCEAN BLVD., APT.3X  
HIGHLAND BEACH FL 33487

C/O J. HAROLD KLOSHEIM, JR.  
3420 S. OCEAN BLVD., APT.3X  
HIGHLAND BEACH FL 33487

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

3. Date Incorporated or Qualified	3a. Date of Last Report
10/08/1985	03/13/1995
4. FEI Number	Applied For
59-2588286	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLOSHEIM, J. HAROLD JR.  
3420 S. OCEAN BLVD.  
APT.3X  
HIGHLAND BEACH FL 33431

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 607.0508, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
11	DS KLOSHEIM, J. HAROLD JR. 3420 S. OCEAN BLVD. #3X HIGHLAND BEACH FL	<input type="checkbox"/> DELETE	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12	DP KLOSHEIM, CONSTANCE F3420 S. OCEAN BLVD. 3X HIGHLAND BEACH FL	<input type="checkbox"/> DELETE	12 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
13	DV CHADWICK, JOY 22 WILLOWBROOK DR AUBURN, NY.	<input type="checkbox"/> DELETE	13 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
14	DT CHADWICK, NORMAN 22 WILLOWBROOK DR. AUBURN, NY.	<input type="checkbox"/> DELETE	14 CITY, ST., ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
15		<input type="checkbox"/> DELETE	15 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
16		<input type="checkbox"/> DELETE	16 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
17		<input type="checkbox"/> DELETE	17 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
18		<input type="checkbox"/> DELETE	18 CITY, ST., ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
19		<input type="checkbox"/> DELETE	19 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
20		<input type="checkbox"/> DELETE	20 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
21		<input type="checkbox"/> DELETE	21 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
22		<input type="checkbox"/> DELETE	22 CITY, ST., ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
23		<input type="checkbox"/> DELETE	23 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
24		<input type="checkbox"/> DELETE	24 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
25		<input type="checkbox"/> DELETE	25 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
26		<input type="checkbox"/> DELETE	26 CITY, ST., ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
27		<input type="checkbox"/> DELETE	27 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
28		<input type="checkbox"/> DELETE	28 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
29		<input type="checkbox"/> DELETE	29 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
30		<input type="checkbox"/> DELETE	30 CITY, ST., ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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, on an attachment to an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96 4072727180

CR2E034 (12/95)