FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M99188

JOY OF GREECE, INCORPORATED

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90045 020 ***150.00



						<u> </u>	<u> </u>	/	<u> </u>
Principal Place of Business Mailing Address							•		
16607 WINDSOR PARK DR 16607 WINDSOR DR									
SUITE 230		LUTZ FL 33549			DO NOT WRITE IN THIS SPACE				
LUTZ FL 33549 US						3. Date Incorporated or Qualifed			
,						09/13/1988			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
34	2 Main ST	26 342 Mai	NS	ナ		59-2916491			Not Applicable
Suite, Apt.		Suite, Apt. #, etc.						\$8.7	5 Additional
22		27			-	5. Certificate of Status Desired	. 🗆 🚅	Fee	Required
City & Stat	te	City & State	ر روست			6. Election Campaign Financing		\$5.0	00 May Be
23 DUDE	DIN FL	28 DUNEDIN	FL	•		Trust Fund Contribution	<u> </u>	Adde	ed to Fees
Zip	Country	Zip Julian		intry		8. This corporation owes the curr			[
24 34	698 25 PWELLAS	29 34698	30	NE	LLas	Personal Property Tax		Yes	□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New F	egistered A	gent	
				81	Name				}
WOLLETT, FRANKLYN J., ESQ.				82 Street Address (P.O. Box Number is Not Acceptable)					
2790 SUNSET POINT ROAD									
CLE	ARWATER FL 34619	•		83					ļ
	•			84	City			85 Z	ip Code
				04	City		FL	105 ~	15 3330
agent. I a	to the provisions of sections of 7.050. registered agent, or both, in the State tim familiar with, and accept the obligation of the section	tions of, Section 607.0505, FI	orida Stat	tutes.	signature required		DATE		
12.	OFFICERS AN		13.		agribiate requires	ADDITIONS/CHANGES TO OF	FICERS ANI	D DIREC	TORS IN 12
TITLE	PST	☐ DELETE	1.1 Π	ITLE				Chang	ge Addition
NAME	LUTZ, JOYCE C.		1.2 N	AME					
STREET ADDRESS			1.3 S	TREET	ADDRESS	•	•		
CITY-ST-ZIP	LUTZ FL		14 C	ITY-ST-	.ZIP				
TITLE	0	☐ DELETE	2.1 Ti					Chang	ge Addition
NAME	LUTZ, JOYCE C.		2.2 N	AME					ĺ
STREET ADDRESS	ARREST LANGUES CON DAMES CONTROL				ADDRESS				1
CITY-ST-ZIP	LUTZ FL			OTY-ST	.		-		*
TITLE	D	☐ DELETE	3.1 1					☐ Chang	ge
NAME	LUTZ, JOSEPH C.	•	3.2 N	IAME	1				
STREET ADDRESS	AAAAA MININAAAA BARK AANK		4		ADDRESS				
	LUTZ FL			CITY-ST					
CITY-ST-ZIP TITLE	LV14 I L	☐ DELETE	4.1 TI					Chang	ge
NAME			4.21	VAME		•			
STREET ADDRESS]				ADDRESS				
CITY-ST-ZIP				ITY-ST-	1				
TITLE		☐ DELETE		ITLE				Chang	ge Addition
NAME			5.2 N						Ì
STREET ADDRESS			5.3 S	TREET	ADDRESS				}
				TY-ST-					
CITY-ST-ZIP TITLE	 	☐ DELETE	6.1 T				_	☐ Chan	ge
NAME			6.2 N	IAME		•			
	र पुरस्कु ५६४ (अस्त)				ADDRESS				
STREET ADDRESS			0.00						

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

127-133-2731