## **FILE NOW: FILING FEE IS \$61.25**

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Kat Krine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

Principal Place of Business

Suite, Apt. #, etc.

City & State

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DOCUMENT # N98000000182 1. Corporation Name of Happiness, Inc.

Joy and Happiness, Inc 20236 N.W. 32 Place

Miami, FL 33056
2. Principal Place of Business 12a. M

FILED May 24, 1999 8:00 am Secretary of State

05-24-1999 90007 011 \*\*\*\*70.00

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5 6 3 9 8 4 563984 - 90007 - 11	
. Date Incorporated or Qualifed	
Jan. 12, 1998	
. FEI Number	Applied For
65-0805946	Not Applicable
	\$8.75 Additional

Fee Required 23 28 Country Zip Country Zip \$5.00 May Be 6. Election Campaign Financing П Added to Fees 24 29 30 Trust Fund Contribution 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ( arolyn Bennett-Dinkins Street Address (P.O. Box Number is Not Acceptable) 20236 N. M. 32 Place 83 Miami, Fh 33656 Zip Code 84 City

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Certificate of Status Desired

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ☐ Addition ☐ DELETE 11 TITLE Carolyn Bennett Dinkins NAME STREET ADDRESS 20236 N.W. 32 PL 1.3 STREET ADDRESS Miami, FL 33056 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE Charles L. Dinkins NAME 2.2 NAME 1141 Kasim Street STREET ADDRESS 2.3 STREET ADDRESS Miami, FL 33054 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE □ Change Addition 3 1 TITLE TITLE Audra O. Adesye 20236 Nw 32 Ph 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS Miami, Fr 33056 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE ☐ Change ្ញាក្រ 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 617, 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: Caroly Bennett - Die Len Carolyn Bennett - Dinkins 5/20/99 805 624-1397

CR2E037 (11/98)