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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra R. Mortham

1996	S COUNTY OF STREET	DIVISION (	retary of Sta DF CORPO		NS				
OCUMENT #	P930000	32177	(6)						
JOY & CARE GIV	VERS, INC.					E JATEIREA IVO SONON NAME ARINI ORDIN	I BIAN BRAN BRIBE AN	hi <b>n</b> li <b>n</b> ni i	
incipal Piace of Business	····································	aling Address			······································				
16 CEDARFORD COURT PALM COAST FL 32137		16 CEDARFORD ( PALM COAST FL							
						3. Date incorporated or Qualified 05/03/1993	3a. Date of	Last Re	•
Principal Place of Business  24 ELORI	0 A PK 10 26	. Mailing Address				4. FEI Number	<u></u>		opplied For
Sute, Apt. #, etc. Co	0007	Suite, Apt. #, etc. 27  Oty & State 28			5. Certificate of Status Desired	59-3179933 Not Ap  5. Cortificate of Status Desired \$8.75 Addit			
City & State	,				Fee Required  6. Election Campaign Financing Trust Fund Contribution  Fee Required  \$5.00 May Be Added to Fees			May Be	
32/37 [25]	Country    La-La 29     Address of Current Regis	Zip	30 Co	ountry			□No	ınder s	
9, Name and	Address of Current Hegis	terea Agent		81	Nanie	10. Name and Address of New R	tegistered Ag	ent	
DOUGLAS, TIMOTHY K 27B FLORIDA PARK DRIVE PALM COAST FL 32135-2411				82	Street Addr	ress (P.O. Box Number is Not Acceptab	ole)	····	
				83					
				84	City		FL	<b>85</b> Zip	Code
	of Sections 607,0502 and 60 s, in the State of Florida Suct c obligations of, Section 607.	7.1508, Florida Stat i change was autho 0505, Florida Statut	utes, the ab rized by the es	pove na corpor	•	ation submits this statement for the pur d of directors. I hereby accept the appo	pose of chang ointment as rec	ing its registered	egistered office agent. I am
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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