1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9300038720

Country

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

T.V.P. - JOYLOT ENTERPRISES, INC.

Principal Place of Business	Mailing Address	
921 NE 79TH ST Miami Fl	921 NE 79TH ST MIAMI FL	
	· ·	

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

27

28

Zip

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90026 037 ***150.00

3. Date Incorporated or Qualifed .

NOT APPLICABLE

5. Certifcate of Status Desired

Trust Fund Contribution

8. This corporation owes the current year Intangible

05/28/1993

4. FEI Number



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00:May Be.

Added to Fees

Not Applicable

24	25	29	30				Personal Property Tax.	☐ Yes	□No		
		iress of Current Registered Age	ent				10. Name and Address of New Registered	Agent			
	9 9	TO LEE A RESTORMENT	<u>,</u>	81	Na	ame					
FFIN	IBERG, JEFFREY										
ACE	SHERIDAN ST	图 373、2000		82	St	reet Addre	ess (P.O. Box Number is Not Acceptable)				
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11 Dureuant	to the provisions of S	ections 607 0502 and 607 1508	Florida Statutes, tl	ne above	e-na	med corpo	oration submits this statement for the purpose of	f changing its	s registered		
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							Total Control of the	<u> </u>			
		ame of registered agent and title if applicable.	, ,		nt sign	ature required	d when reinstating) DATE	ND DIDECT	ODS IN 12		
12.		OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS A				
TITLE	D	• • • • • • • • • • • • • • • • • • • •	DELETE	1.1 TITLE				☐ Change	Addition		
NAME	GAMBLE, JOHN	Т '		1.2 NAME							
STREET ADDRESS	301 NE 88TH ST			1.3 STREET	TADD	RESS		•			
CITY-ST-ZIP	MIAMI FL 33138	-		1.4 CITY+S	T- 71P		•				
TITLE	D			2.1 TITLE				☐ Change	☐ Addition		
		•		2.2 NAME							
NAME	FOWLER, RICHA										
STREET ADDRESS	301 NE 88TH ST			2.3 STREET							
CITY-ST-ZIP	MIAMI FL 33138			2. 4 CITY- S	ST-ZIF	· -		[] Change	Addition		
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14 I horoby	ertify that the informa	ation supplied with this filing does	not qualify for the	exempt	ion s	stated in S	Section 119.07(3)(i), Florida Statutes. I further of	ertify that the	information		
indicated on this angual report or supplemental angual report is true and accurate and that my signature shall have the same legal effect as it made under valid, that it do not											
officer or director of the corporation of 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.											

Country