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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 93000553903 1. Corporation Name JOY CINES PLACE, INC.					
Principal Place of Business 8270 CLEARY BLVD #2714 PLANTATION, FL 33326			Mailing Address 5310 NW 33 AVE SUITE 110 FT. LAUDERDALE FL 33309-6319 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date of Last Report 3a. Date of Last Report	
9. Name and Address of Current Registered Agent 5310 NW 33RD AVE STE 110 FT. LAUDERDALE FL 33309		10. Name and Address of New Registered Agent 81 Name ALLAN SERCHAY CPA 82 Street Address (P.O. Box Number is Not Acceptable) 5310 NW 33 AVE 83 STE 110 84 City FT. LAUDERDALE FL 85 Zip Code 33309			
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 ALLAN SERCHAY DATE 5/24/97 <small>Signature Typed or printed name of registered agent and the applicable (NOTE: Registered Agent's signature required when resigning)</small>					
12. OFFICERS AND DIRECTORS TITLE PS/DIR <input type="checkbox"/> DELETE NAME JOY CINE JOHNSON STREET ADDRESS 8270 CLEARY BLVD #2714 CITY - ST - ZIP PLANTATION, FL 33326			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
14. I do 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. SIGNATURE: JOY CINE JOHNSON (President) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			500002179005 -05/14/97--01113--029 ***165.00		

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