## 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 # 1. Corporation Name P93000056059

SIGNS OF JOY, INC.

Principal Place of Business

Mailing Address

4324 MORTH FEDERAL HWY

## **FILED** Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90055 018 \*\*\*150.00



FT. LAUDERDALE FL 33308		FT. LAUDERDALE FL 33308			DO NOT WR	ITE IN THIS SP	ACE			
						3. Date Incorporated or Qualifed				ĺ
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2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		App	olied For	·C
21		26	26			65-0430054			Applicable	8,800,880
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		8.75 A		ੱ
22		27						Fee Rec	·	
City & State		City & State	City & State			6. Election Campaign Financing		\$5.00		l
23		28				Trust Fund Contribution		Added to	rees	l
Zip	Country Zip		Country			This corporation owes the cur     Personal Property Tax.			□No	
24	25	1	30			10. Name and Address of New				
	9. Name and Address of Current			81 Na	ame	10, Name and Address of New	regioter var vig			
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WEITZ, RAY SIGNA324 NO FEDERAL HWY.				82 St	treet Addr	ress (P.O. Box Number is Not Accep	table)		,	
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	607 0502	and 607 1509 Florida Statute	e the al	nove-na	med com	poration submits this statement for the		l inging its	registered	
11: Pursuant office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was au ons of, Section 607.0505, Flori	thorized da Stati	by the	corporation	on's board of directors. I hereby acco	apt the appointm	ent as reg	gistered	
SIGNATURE						,	DATE		<del>.</del>	_ ا
	Signature, typed or printed name of registered agent OFFICERS AND		Registered	Agent sign	nature require	ADDITIONS/CHANGES TO O		DIRECTO	RS IN 12	86
TITLE		DELETE	1.1 Til	LE				Change	Addition	R2E034 (11/98)
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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 corpolation 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 iff changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE**