

**ANNUAL REPORT  
1995**

Florida Department of  
Secretary of State  
**DIVISION OF CORPORATIONS**

95 APR 26 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000064429 (2)**

1. Corporation Name  
**JOYCE LOEBL USA, INC.**

Principal Place of Business  
**3815 NORTH U.S. 1  
COCOA FL 32926**

Mailing Address  
**3815 NORTH U.S. 1  
COCOA FL 32926**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified  
**08/10/1993**

3a. Date of Last Report  
**09/28/1994**

2. Principal Place of Business  
21 **BLDG 118, 3815 NORTH US 1**

2a. Mailing Address  
26 **BLDG 118, 3815 NORTH US 1**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State  
**COCOA FL**

28 City & State  
**COCOA FL**

24 Zip  
**32926**

25 Country  
**USA**

29 Zip  
**32926**

30 Country  
**USA**

4. FEI Number  
**59-3236065**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PTC</b>
NAME	<b>KEAT, SAMUEL J. BLDG 118</b>
STREET ADDRESS	<b>3815 N. U.S. 1</b>
CITY - ST - ZIP	<b>COCOA FL 32926</b>
TITLE	<b>S</b>
NAME	<b>POOLE, WILLIAM M</b>
STREET ADDRESS	<b>1360 PEACHTREE ST., N.E., 15TH FLOOR</b>
CITY - ST - ZIP	<b>ATLANTA GA 30309</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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: *S. J. Keat* APRIL 18th. (813) 424 6346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Block 2)