FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 [illegible]

DOCUMENT # P94000043425 (5)

1. Corporation Name

JOY ACCESSORIES & INTERIOR DESIGN, INC.

Principal Place of Business	Mailing Address
419 HAWTHORNE COURT INDIAN HARBOUR BEACH FL 32937	419 HAWTHORNE COURT INDIAN HARBOUR BEACH FL 32937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/09/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3830 S. HWY A1A	26 3830 S. HWY A1A
Suite, Apt. #, etc 22 DRIFTWOOD MOTOR SUITE C4	Suite, Apt. #, etc 27 DRIFTWOOD MOTOR SUITE C4
City & State 23 MELBOURNE BEACH, FL.	City & State 28 MELBOURNE, FL.
Zip / Country 24 32951 / 25 AMERICA	Zip / Country 29 32937 / 30 AMERICA

4. FEI Number: 59-3460343 — ☐ 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	10. Name and Address of New Registered Agent
JOHNSON, ROBERT V 1492 AVOCADO AVE. MELBOURNE FL 32935	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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: [illegible] (If changing Registered Agent, signature required from new agent) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	11 TITLE	☐ Change ☐ Addition
NAME	JONES, ROBERT B	12 NAME	
STREET ADDRESS	419 HAWTHORNE CT.	13 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR BCH. FL 32937	14 CITY-ST-ZIP	
TITLE	DVST	21 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, ROBERT V	22 NAME	
STREET ADDRESS	1492 AVOCADO AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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: ROBERT B. JONES — 5/27/95 — (407) 728-0240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000040 CP