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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Apr 22 1998 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

P94000078312 (3)

JOY-47, INC.

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CITY-ST-ZIP

Principal Place of Business		Mailing Address				n 10031000 isa sacisi didir amist marti datir datir saddr sadd salas talait ibur boni			
3201 SPAINWOOD DRIVE SARASOTA FL 34232-5826 US		3201 SPAINWOOD DR SARASOTA FL 34232 US			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified 10/24/1994			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	Applied For		
<u>1</u>		26				59-3273525		Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				S8 75 Additional			
2		27				5. Certificate of Status Desired	T	Required	
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zıp		Country		8. This corporation owes or has paid the curre			
4	25	29	30	·			Yes	□ No	
<u> </u>	9. Name and Address of Current		1001		·	10. Name and Address of New Registered Ag	•		
MVE	ERS, JOHN H			81	Name				
						et Address (P.O. Box Number is Not Acceptable)			
	FLETCHER AVENUE			82	Street A				
SAF	vas ota fl 34237		ŀ	83					
			į.	٦,					
				84	City	FL		p Code	
 Pursuant to office or re agent. I an 	o the provisions of Sections 607.0502 glstered agent, or both, in the State of n lamiliar with, and accept the obligation	and 607.1508, Florida Statut of Florida. Such change was tions of, Section 607.0505, Fl	les, the ab authorized orida Stati	ove by ites.	-named of the corpo	corporation submits this statement for the purpose of cooration's board of directors. I hereby accept the appoint	hanging ntment a	its registered as registered	
SIGNATURE ,	N					(Coursed when reinstating) DATE			
12.	Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS			(NOTE: Registered Agent signature requ		ADDITIONS/CHANGES TO OFFICERS AND I	IDECT(30C IN 12	
TITLE	P	DELETE	1.1 TIT	F	T		Change		
NAME	MULLEN, JOY A		1.2 NA						
i	3201 SPAINWOOD DR		•			foss, Joy A.		1	
STREET ADDRESS			8	1.3 STREET AD				ł	
CITY-ST-ZIP	SARASOTA FL	DELETE	1.4 CITY-ST-ZiP		- ZIP		Change	Addition	
TITLE		LT DETELE		2.1 TITLE		L	_ Change	Addition	
NAME			2.2 NA					ļ	
STREET ADDRESS			2.3 STF	REETA	ADDRESS	the second secon		ļ.	
CITY - ST - ZIP		D serves	2.4 CI	_	í - ZIP		7		
TITLE		☐ DELETE	3.1 TITI		J	L	Change	e 🔲 Addition	
NAME			3.2 NA	ME				ļ	
STREET ADDRESS			3.3 STF	IEET /	ADDRESS			i	
CITY-ST-ZIP			3.4. C(1	Y-S1	1-ZIP				
TITLE		☐ DELETE	4.1 TITI	LE		L	_] Change	Addition	
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STF	EET A	ADDRESS				
CITY-ST-ZIP			4.4 CIT	Y - ST	- ZIP				
TITLE		DELETE	5.1 TIT	LE			Change	Addition	
NAME			5.2 NA	MΕ				ļ	
STREET ADDRESS			5 3 STF	EET A	address			1	
CITY-ST-ZIP			5.4 CIT					ł	
TITLE		DELETE	6.1 TITI				Change	Addition	
NAME			6.2 NA		}	_			
	•		0.2 NA						

14. I hereby certify that the information supplied with this filling 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: