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03-10-1999 90190 028 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000017198**

1. Corporation Name
JOY TOY VENTURES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**5364 EHRlich RD SUITE 165
 TAMPA FL 33624
 US**

Mailing Address
**5364 EHRlich RD
 SUITE 165
 TAMPA FL 33625
 US**

3. Date Incorporated or Qualified
02/22/1996

2. Principal Place of Business
**21 4210 US Highway 92
 Suite, Apt. #, etc. EAST**

2a. Mailing Address
**26 5364 Ehrlich Rd
 Suite, Apt. #, etc. Suite 165**

4. FEI Number
59-3386934

Applied For
 Not Applicable

22 City & State
Plant City, FL

27 City & State
Tampa FL

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

23 Zip
33566

28 Zip
33624

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

Trust Fund Contribution

24 Country
USA

29 Country
USA

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**MENDELL, LOUIS J III
 15902 WOODPOST LANE
 TAMPA FL 33624**

10. Name and Address of New Registered Agent

81 Name **Louis J. Mendel III**

82 Street Address (P.O. Box Number is Not Acceptable)
5364 Ehrlich Rd. Suite 165

83

84 City **Tampa** **FL** 85 Zip Code **33624**

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 **President Louis J. Mendel III 3/5/99**

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MENDEL, LOUIS J III	
STREET ADDRESS	17613 LAKE KEY DR	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director - President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Louis J. Mendel III	
1.3 STREET ADDRESS	5364 Ehrlich Rd. Suite 165	
1.4 CITY-ST-ZIP	Tampa, FL 33624	
2.1 TITLE	Vice - President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JAMIE A. RAND	
2.3 STREET ADDRESS	5364 Ehrlich Rd Suite 165	
2.4 CITY-ST-ZIP	Tampa, FL 33624	
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 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, with all other like empowered.

SIGNATURE: **[Signature]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99 **813-404-6966**
 Date Daytime Phone #

CR2E034 (1/98)