


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1-2

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 SEP -8 AM 8:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000054404 (4)

1. Corporation Name
JOSIE'S, INC.



Principal Place of Business 160 YUCATAN DRIVE PENSACOLA FL 32506	Mailing Address 160 YUCATAN DRIVE PENSACOLA FL 32506
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 160 Yucatan Dr. Suite, Apt. #, etc. 22 Pensacola, Fla. City & State 23 Pensacola, Fla. Zip 24 32506		2a. Mailing Address 26 160 Yucatan Dr. Suite, Apt. #, etc. 27 City & State 28 Pensacola, Fla. Zip 29 32506		3. Date Incorporated or Qualified 06/24/1996		3a. Date of Last Report	
				4. FEI Number Na		Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent PATTI, JOSIE A 160 YUCATAN DRIVE PENSACOLA FL 32506				10. Name and Address of New Registered Agent 81 Name Josie Ann Patti 82 Street Address (P.O. Box Number is Not Acceptable) 160 Yucatan Dr 83 84 City Pensacola FL 85 Zip Code 32506			
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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 *Josie Ann Patti (President)* 8-29-97
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	President	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Josie A. Patti			1.2 NAME			
STREET ADDRESS	160 Yucatan Dr.			1.3 STREET ADDRESS			
CITY-ST-ZIP	Pensacola, Fla 32506			1.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				2.2 NAME	400002289684-5		
STREET ADDRESS				2.3 STREET ADDRESS	-09/10/97-01097-007		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	****173.75 ****173.75		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE *Josie Ann Patti* 8-29-97 1997 455799

CR2E034 (4/97)