FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000055608 (9) DOCUMENT

MR. JOE'S, INC.

CITY-ST-ZIP

Principal Place of Business Mailing Address 2455 NW 115TH DR 2455 NW 115TH DR **CORAL BPRINGS FL 33065** CORAL SPRINGS FL 33065-3427 3. Date Incorporated or Qualified 3a. Date of Last Report 06/28/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0682720 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc **\$8.75** Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Žφ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MANNINO, ANNETTE 2455 NW 115TH DR 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33065** 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSD 🔲 DELETE Change TITLE 1.1 TITLE Addition MANNINO, ANNETTE NAME 1.2 NAME 2455 NW 115TH DR STREET ADDRESS 1.3 STREET ADDRESS **CORAL SPRINGS FL 33065** CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DEL E 1 E 2.1 11111 ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHY-ST-7IP DELETE Change Addition 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE ☐ Change Addition 5.1 TIBLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE. TITLE Change Addition 6.1 TITLE NAME 6.2 NAM(STREET ADDRESS 6.3 STREET ADDRESS

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), I forida 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.