## 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.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000062040 (6)

Principal Place of Business	Mailing Address
16057 TAMPA PALMS BLVD. WEST. #122	16057 TAMPA PALMS BLVD. WEST. #122
TAMPA FL 33647	TAMPA FL 33647

## **FILED** Sep 02 1997 8:00am Secretary of State

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Principal Plac	e of Business	Mailing Address			T JORGEO BET CHO TRATE OF THE BRITE ORGEN ORGEN ORGEN OF THE CONTROL OF THE CONTR	<b>J</b> VI
16057 TAMPA PALMS BLVD. WEST. #122 16057 TAMPA PALMS BLVD. W		VD. WEST.	#122			
TAMPA FL 33647 TAMPA FL 33647						
					DO NOT WRITE IN THIS SPACE	
					3. Date incorporated or Qualified 3a. Date of Last Report 07/23/1996	
<b>—</b>	lace of Business	2a. Mailing Address			4. FEI Number Applied	For
21		26	· <del> · · · · · · · · · · · · · · · · · </del>		59-3396673 Not Appl	
Suite, Apt.	#, <b>e</b> 1C.	Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Addition	
22 City & State	Α	City & State			Fee Required	
23	•	28			6. Election Campaign Financing \$5.00 May E  Trust Fund Contribution	
Zip	Country	Zip	Coun	try	This corporation owes or has paid the current year Intangible	
24	25	29	30	•	Personal Property Tax due June 30. Yes No	°
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent	
	RKLEY, JAMES		٤	II Nam	me	
	57 TAMPA PALMS BLVD, WEST,	<b>#</b> 122	ε	12 Stree	eet Address (P.O. Box Number is Not Acceptable)	
TAM	IPA FL 33847		ļ			
			8	13		1
			8	4 City	y 85 Zip Code	
				'	´ <b>  FL</b>   `   `	
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State	2 and 607.1508, Florida Statut of Florida. Such change was:	ies, the abc authorized	ove-name by the co	ned corporation submits this statement for the purpose of changing its regls corporation's board of directors. I hereby accept the appointment as registe	stered   ered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Fl	orida Statu	les.		
SIGNATURE		The state of the s				
12.	Signature, typed or printed name of registered agei OFFICERS AND		13.	agent signa:	nature required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2 1
TITLE	D	DELETE	1.1 TITL	E		Addition
NAME	Markley, James		1.2 NAM	IE.		
STREET ADDRESS	16057 TAMPA PALMS BLVD, V	VEST, #122	1.3 STRE	ET ADDRESS	ESS	
CITY-ST-ZIP	TAMPA FL 33647		1.4 CITY	-ST-ZIP		
TITLE		☐ DELETE	2.1 TITL	F .	Change A	Addition
NAME			22 NAM	ΙE		
STREET ADDRESS			23 STRE	Er addres:	ESS	
CITY-ST-ZIP				(-ST-ZIP		
TITLE	DELETE 3.1 TO		3.1 TITL		Li Change Li A	Addition
NAME			3.2 NAM			1
STREET ADDRESS				ET ADDRESS		]
CITY-ST-ZIP TITLE		☐ DELETE	3.4. C(1) 4.1 T(1)	(-ST-ZIP		Addition
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STREET ADDRESS				ET ADDRESS	ree	
CITY-ST-ZIP				-ST-ZIP	.90	
TITLE		☐ DELETÉ	5.1 TiTLE		Change A	Addition
NAME			5.2 NAM			
STREET ADDRESS				ET ADDRESS	ESS	
CITY-ST-ZIP			5.4 CITY			
TITLE		☐ DELETE	6.1 7171.0		☐ Change ☐ A	Addition
NAME			6.2 NAM	E		
STREET ADDRESS			6.3 STRE	ET ADDRESS	rss	
CITY-ST-ZIP			6.4 CITY			
14. I do hereb	by certify that the information supplied	with this filing does not quali-	fy for the ex	xemption	on stated in Section 119.07(3)(i). Florida Statutes. I further certify that the	$\neg$

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 conjugation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if granged, or on arrattacture; twith an address