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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000082049

## Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90022 040 \*\*\*150.00

JOYCE'S	S SECRET, INC.								
Principal Place	e of Business	Mailing Ad	dress				- 1 140510065 110 10116 01511 10111 00111 00113 00113	HACIA ISAN RANKI	
9741 BERECHAH DR 9741 BERECHAH DR HOLLYWOOD FL 33024 HOLLYWOOD FL 33024							DO NOT WRITE IN THIS	SPACE	
							3. Date Incorporated or Qualifed 09/30/1996		
2 Principal Pl	lace of Business	2a. Mailing	Address				4. FEI Number	Ar	oplied For
21 PTINCIPALT	ace of business	26	7.124.000				65-0713302		ot Applicable
Suite, Apt.	#, etc.		Apt. #, etc.			-	_5. Certificate of Status Desired		Additional
22		27				······································	-3. Letuicate Olimans Desired	Fee Re	equired
City & State	е	City &	State				6. Election Campaign Financing		May Be
23		28				-	Trust Fund Contribution		to Fees
Zip	Country	Zip		Cou	ntry		8. This corporation owes the current year Int	tangible Yes	□No
24	25	29		30			Personal Property Tax.  10. Name and Address of New Registered		
	9. Name and Address of Currer	t Registered A	gent		81	Name	IV. Italie and Address of Item Acgisteres	, igoin	-
PRO	CTOR, MICHIE					<u> </u>	(D.O. Day Name in New Assessable)		<u></u>
9741 BERECHAH DR					82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33024					83				
					84	City		85 Zip	Code
					1	,	<u>FL</u>	-	
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such	change was a	uthorized	DV 1	the corporatio	oration submits this statement for the purpose of n's board of directors. I hereby accept the appoi	ntment as re	egistered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable	. (NOTE	: Registered	Agent	t signature required			
12.	OFFICERS AN	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D		☐ DELETE	1.1 TIT	LE			Change	Addition
NAME	PROCTOR, MICHIE			1.2 NA	ME	}			
STREET ADDRESS	9741 BERECHAH DR					ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33024		C DELETE	1.4 CI		T-ZIP		Change	Addition
TITLE			☐ DELETE	2.1 TIT				L_I Ontaingo	
NAME				2.2 NA		, ADDDECC		_ •	
STREET ADDRESS	·	• -		2. 4 CI		ADDRESS		-	
CITY-ST-ZIP TITLE			☐ DELETE	3.1 TIT		11.77	· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
NAME				3.2 NA					
STREET ADDRESS						ADDRESS	1		
CITY-ST-ZIP				3.4. CI	TY-\$	T-ZIP			
TITLE			☐ DELETE	4.1 TIT	ΓLE	- 1		Change	Addition
NAME				4. 2 N	AME				
STREET ADDRESS				4.3 ST	REET	FADDRESS			
CITY-ST-ZIP			<b></b>	4.4 CF	TY-S1	T-ZIP			
πLE			DELETE	5.1 111				☐ Change	☐ Addition
NAME				5.2 NA					ļ
STREET ADDRESS				ı		FADDRESS			
CITY-ST-ZIP			□ BE( ===	5.4 CF		T-ZIP		☐ Change	☐ Addition
TITLE IT I	2.13.2.1. TAN		DELETE	6.1 TR 6.2 NA				□ citange	
14-14-C	F. St. 19					F ADDRESS			
STREET ADDRESS				6351	KEE	FADDRESS			

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: