FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT Apr 21 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthara **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # ` P97000052398 (9) N' JOY ENTERPRISES, INC. Mailing Address Principal Place of Business 233 NW 36 AVE 233 NW 36 AVE DEERFIELD BCH FL 33442 DEERFIELD BCH FL 334/12 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/20/1997 2a. Mailing Audress 36M NUG. SOME Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired 22 City & State 6. Election Campaign Financing City & State \$5.00 May Be Trust Fund Contribution Added to Fees Deeri Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent WISE, JOY L इ.इ.ह BLUCK 233 NW 36 AVE 82 Street Address (P.O. Box Number is Not Acceptable) **DEERFIELD BCH FL 33442** 83 84 City 85 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 Floridal 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 (NOT) Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELFTE Change 1.1 TITLE TITLE D NAME WISE, JOY L 1.2 NAME 233 NW 36 AVE 1.3 STREET ADDRESS STREET ADDRESS **DEERFIELD BCH FL 33442** 1.4 CITY - \$1 - ZIP CITY-ST-ZIP Change ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZiP CITY-ST-ZIP DILETE Change TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - S1 - ZIP DELFTE ☐ Change 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City - ST - ZiF CITY-ST-ZIP Change □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME

Applied For

Fee Required

Zip Code

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Change

Not Applicable

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 appress

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 THLE

6.2 NAME

4/1100

DELETE

STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME