

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90259 019 ***150.00

DOCUMENT # P97000064549

1. Corporation Name
EXPRESSIONS OF JOY, INC.



Principal Place of Business
1701 SKEES RD
SUITE 7
W PALM BEACH FL 33411
US

Mailing Address
P O BOX 211286
ROYAL PALM BEACH FL 33421-1286
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/25/1997

4. FEI Number
65-0770115

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1541 Balfour Place

22 Suite, Apt. #, etc. D

23 City & State W. Palm Beach FL

24 Zip 33411

25 Country USA

2a. Mailing Address

26 1541 Balfour Place

27 Suite, Apt. #, etc. W. Palm Beach FL

28 City & State D

29 Zip 33411

30 Country USA

9. Name and Address of Current Registered Agent

BRAVERMAN, JOY
1701 SKEES RD
SUITE 7
W PALM BEACH FL 33421

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1541-D Balfour Pl

83 City, State, Zip

84 W. Palm Bch FL 33411

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 *Jeff Braverman*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVP ☐ DELETE

NAME SCHWARTZ, JASON

STREET ADDRESS 4928 W FEEMSTER

CITY-ST-ZIP VISALIA CA 93277

TITLE ST ☐ DELETE

NAME BRAVERMAN, JOY

STREET ADDRESS 1701-SKEES RD SUITE 7

CITY-ST-ZIP W PALM BEACH FL 33421

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME 40 Braverman

1.3 STREET ADDRESS 1541-D Balfour Pl

1.4 CITY-ST-ZIP W Palm Bch FL 33411

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 1541-D Balfour Pl

2.3 STREET ADDRESS W. Palm Bch FL 33411

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Jeff Braverman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/10/99 561.616.0520

CR2E034 (11/98)

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