

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90088 020 ***150.00

0306776

DOCUMENT # P97000077136

1. Corporation Name
JOY DESIGN, INC.

Principal Place of Business
**1418 AVON LN. #2-32
N. LAUDERDALE FL 33068**

Mailing Address
**1418 AVON LN. #2-32
N. LAUDERDALE FL 33068**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **13181 NW 8TH CT.**
Suite, Apt. #, etc.

City & State
23 **SUNRISE, FL.**

Zip Country
24 **33325** 25 **US**

2a. Mailing Address
26 **13181 NW 8TH CT.**
Suite, Apt. #, etc.

City & State
28 **SUNRISE, FL.**

Zip Country
29 **33325** 30 **US**

3. Date Incorporated or Qualified
09/04/1997

4. FEI Number Applied For
65-0780673 Not Applicable

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

6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

**POWELL, KIM
1418 AVON LN. #2-32
N. LAUDERDALE FL 33068**

10. Name and Address of New Registered Agent

81 Name **VICTOR POWELL**
82 Street Address (P.O. Box Number is Not Acceptable)
13181 NW 8TH CT
83
84 City **SUNRISE** FL 85 Zip Code **33325**

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)

DATE

JAN, 13 '99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PST POWELL, VICTOR**
STREET ADDRESS **1418 AVON LN, #2-32**
CITY-ST-ZIP **N LAUDERDALE FL 33068**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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 **PST POWELL, VICTOR**
1.3 STREET ADDRESS **13181 NW 8TH CT**
1.4 CITY-ST-ZIP **SUNRISE, FL 33325**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
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:

VICTOR POWELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 13, 99 (954) 835-9171
Date Daytime Phone #

CR2E034 (11/98)