

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

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Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000083076 (4)**

1. Corporation Name
THE JOSEPH CORPORATION

Principal Place of Business
**2311 MULBRY DRIVE
ORLANDO FL 32803-1730**

Mailing Address
**2311 MULBRY DRIVE
ORLANDO FL 32803-1730**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/25/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3471367	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This Corporation owes a current tax liability on its income <input type="checkbox"/>	NO
25		30		8. This Corporation has a current tax liability on its property tax <input type="checkbox"/>	NO
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**F & L CORP.
200 LAURA STREET
3RD FLOOR
JACKSONVILLE FL 32202-3527**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V/T/S	1.1 TITLE	V/T/S
NAME	Michael L. Stephenson	1.2 NAME	Michael L. Stephenson
STREET ADDRESS	4901 Palm Beach Blvd #304	1.3 STREET ADDRESS	4901 Palm Beach Blvd #304
CITY-ST-ZIP	FT. Myers, FL 33905	1.4 CITY-ST-ZIP	FT. Myers, FL 33905
TITLE	P	2.1 TITLE	P
NAME	Scott A. Stephenson	2.2 NAME	Scott A. Stephenson
STREET ADDRESS	416 ELM AVE EAST	2.3 STREET ADDRESS	416 ELM AVE EAST
CITY-ST-ZIP	Waseca, MN 56093	2.4 CITY-ST-ZIP	Waseca, MN 56093
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **Michael L. Stephenson** Feb 20 1998 941-489-8687

CR2E034 (10/97)