FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT # P93000040526 (4)

MOTIVATIONAL PROMOTIONS, INC.

| Principal Place | Mailing Address | Iress | | | T SAMINDAN IND PRIMA APRIL MAIN DOUR | Ca tta Da nn C atal i | /B181 B101 | A IIĀIĀ ĀIIG FARI | |
|---|--|---|---|----------------|--------------------------------------|--|--------------------------|-------------------|-------------|
| 10914 LIMPKIN CIR ESTERO FL 33928 | | 10914 LIMPKIN CIR ESTERO FL 33928 | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 06/01/1993 | 3a. Date of 04/ 2 | Last Ro 25/19 | |
| 2. Principal Pla | ce of Business | 2a. Mailing Address | 2a. Mailing Address | | | 4. FFI Number Applied For | | | ·· |
| 21 | | 26 | | | | 65-0415813 Not Applicable | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired See Required | | | |
| City & State | | City & State | City & State | | | Election Campaign Financing | | | 0 May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | | d to Fees |
| Zip | Country Zip | | Cou | Country | | 8. This corporation has liability for intangible tax under s 199.032, | | | |
| 24 | 25 29 30 | | 30 | | | Florida Statutes 78 Yes No | | | |
| | 9. Name and Address of Curr | ent Registered Agent | | B1 | N | 10. Name and Address of New R | egistered Ag | ent | |
| | | | | 61 | Name | | | | |
| | Y, DANIEL G | | 82 Street Ad | | | ress (P.O. Box Number is Not Acceptab | le) | | |
| | IMPKIN CIR FL 33928 | | | 83 | | | | | |
| ESTERO | FL 33920 | | | | | | | 1 - | -6-4- |
| | | | | 84 | City | | FL | 85 Zi | p Code |
| or registere familiar wit SIGNATURE | ed agent, or both, in the State of Flont, and accept the obligations of, Se signature, typed or printed name of registered ag | orida. Such change was authori oction 607.0505, Florida Statute ent and titu if applicable (N | zed by the o is. iO1E: Registered | corpo | iration's boa | ration submits this statement for the purify of directors. I hereby accept the app | DATE | gisterec | agent ram |
| 12. | | OFFICERS AND DIRECTORS 13. PSTD DELETE 1.1 | | | | ADDITIONS/CHANGES TO OFF | | Change | Addition |
| TITLE | | | 1. 1 T 1.2 N | | | | L | Change | A radiation |
| NAME DZOSCI LODDICCO | 10914 LIMPKIN CIR | | | | ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | ESTERO FL | | | | ZIP | 33928 | | | |
| 11TLF | | DELETE | 2 1 1 | | | | | Change | Addition |
| NAME | | | 2 2 N | 2.2 NAME | | | | | ļ |
| STREET ADDRESS | | | 235 | TREET | ADDRESS | | | | Ì |
| CITY-ST-ZIP | | | | HTY-ST | -ZIP | | | Change | Addition |
| TITLE | | ☐ DELETE | 1 | TITLE | | | لــا | Change | [] Addition |
| NAME | | | | IAME STOLET | ADDRESS | | | | |
| STREET ADDRESS | | | | ITY-SI | i i | | | | |
| TITLE | | DELETE | | THTLF | | | | Change | Addition |
| NAME | | | 4.2 N | IAME | | | | | |
| STREET ADDRESS | | | 435 | STREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | 440 | ITY-S | - ZIP | | | | |
| TITLE | | DELETE | | TITLE | | | | Change | Addition |
| NAME | | | | AMÉ | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY - ST - ZIP | | DELETE | | CITY - ST | i - 21P | | | Change | Addition |
| TITLE | | | | TITLE VAME | | | لحبا | 5290 | |
| NAME cruret aonneses | | | | | AUDRESS | | | | |
| STREET AODRESS CITY-ST-ZIP | | | | DITY-S | 1 | | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 3 if changed, or on any tractyment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FIGURE OR DIRECTOR