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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 18 1998 8:00am Secretary of State

1998

DOCUMENT # P97000026278 (6)

GRATEFUL J'S II, INC.

T TORRIBORI FOR LANG LANG MARK AND REAR AND ARREST STATE FOR STATE (THE FOREST LANG FRANCE)

Principal Place of Business Mailing Address			arağ tekin arırın tibis sandi elkir tanı	
8835 NO COMMERCIAL BLVD. STE 214	6635 NO COMMERCIAL TAMARAC FL 33319	BLVD. STE 214		
TAMARAC FL 33319	TAMARAO FL 33318		DO NOT WRITE IN	THIS SPACE
			 Date Incorporated or Qualified 03/24/1997 	
2. Principal Place of Business	2a. Mailing Address		4 FEI Number	Applied For
21	26		65-0738638	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Z ip Country	28 Ζιρ	Country		Added to Fees
24	29	30	 This corporation owes or has paid to Personal Property Tax due June 30 	
9. Name and Address of C		[30]	10. Name and Address of New Regis	
GURSEY, SIDNEY		81 Name		
* 6635 NO COMMERCIAL BLVD	. STE 214	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
TAMARAC FL 33319			steed (1.0. Box (Various to Not Accordance)	
		83		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 60	07.0502 and 607.1508, Florida Statu	utes, the above-named cor	poration submits this statement for the purp	ose of changing its registered
office or registered agent, or both, in the agent, I am familiar with, and accept the	: State of Honda: Such change was -obligations of, Section 607.0505, F	authorized by the corporationida Statules.	ation's board of directors. I hereby accept the	he appointment as registered
SIGNATURE			· · · · · · · · · · · · · · · · · · ·	
Signature, typical or printed mesic of registr		DIE: Registered Agent signature requ		DATE RS AND DIRECTORS IN 12
Signature, type of or printed report of region 12. OF LICE 5	IS AND DIRECTORS	21E: Registered Agent signature required 13.	ires when reinstating) ADDITIONS/CHANGES TO OFFICER	
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Signature, type of or printeed news of regust 12. OFFICES TITLE OFFICES	IS AND DIRI CTORS DELETE	13. 1.1 TITLE		RS AND DIRECTORS IN 12
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Signature, type of an printeed near cell region 12. OFFICE F. TITLE DESC.	IS AND DIRECTORS	13. 1.1 TITLE		RS AND DIRECTORS IN 12
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on or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in