May 06, 1999 8:00 am Secretary of State

05-06-1999 90021 023 \*\*\*150.00

## 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

## DOCUMENT # P97000049016

Mailing Address

1. Corporation Name

Principal Place of Business

GRATEFUL PALMS, INC.

12245 S.W. 230TH STREET MIAMI FL 33170		12245 S.W. 230TH STREET MIAMI FL 33170		and the same of th			
ا يوسند سنهمي					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 06/04/1997		
							-5-45
2. Principal Pl	Principal Place of Business 2a. Mailing Address				4. FEI Number	<u>_</u>	oplied For
21	26				65-0758664		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired	\$8.75 / Fee Re	Additional equired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 28					Trust Fund Contribution	Added	to Fees
Zip	Country		Zip Country		8. This corporation owes the current year In	tangible	
<u> </u>	[25]	29 30			Personal Property Tax.	ŬYes	XNo
24	9,. Name and Address of Current		<u>'</u>		10. Name and Address of New Registered		
	9,. Name and Address of Corrent	Registered Agent	81	Name	TO. Harrie and Harris and State of the State		
GOLDSTEIN, JERRY A 2207 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33020							
				82 Street Address (P.O. Box Number is Not Acceptable)			
					<u> </u>		
				84 City 85 Zip Code			Code
				FL   33   25 3333			
office or n	egistered agent, or both, in the State o m farniliar with, and accept the obligati	of Florida. Such change was auth ions of, Section 607.0505, Florida	orized by a Statutes	the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appo	changing its intment as re	registered gistered
L	Signature, typed or printed name of registered agent			t signature requi	red when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AT		
TITLE	PTD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	DOEBLER, KEVIN P		1.2 NAME				
STREET ADDRESS	ADDRESS 12245 S.W. 230TH STREET		1.3 STREET	ADDRESS			Į
CITY-ST-ZIP	MIAMI FL: 33170		1.4 CITY-S	T-ZIP			
TITLE	VSD DELETE 2.1		2.1 TITLE			Change	Addition
NAME	1000		2.2 NAME				
STREET ADDRESS	400 45 O W COOTH OTDEET		2.3 STREET	ADORESS			ĺ
	MIAMI FL 33170			1			l
CITY-ST-ZIP	MILAWI FE 33170	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE			Change	Addition
TITLE				ļ		٠	
NAME			3.2 NAME				Į
STREET ADDRESS			3.3 STREET	ADDRESS			ĺ
CITY-ST-ZIP			3.4. CITY-ST-ZIP			<u></u>	
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
l			4 2 5 5 5 5 5	1			

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 troe 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or supplemental annual report of supplemental annual report of supplemental annual report of the receiver or trust Block 12 or Block 13 if changed, or on an attachment with

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

Change

☐ Change

☐ Addition

☐ Addition