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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000104044 (7)

GRATITUDE'S APPRECIATION PROGRAMS, INC.

FILED Apr 06 1998 8:00am Secretary of State

Principal Place of Business Malling Address											IIII ug ili ağırı salı el	HII şiş il şa iki b i	1016 B106 F006	
8484 N.W. 76	TH COURT		8484 N.W. 76TH COURT											
TAMARAC FL 33321				TAMARAC FL 33321						DO NOT MOUTE IN THE POACE				
									DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
										12/10/1997	uameu			
2. Principal Place of Business				2a. Mailing Address						4. FEI Number		TAI	pplied For	
21			26	26 P.O. Box 771				16		65-0805	171	}	ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of Status De	sired \square	\$8.75	Additional	
22			27							e. Cermicale of Status De	siied 🗀	Fee R	equired	
City & State			-	Cily & State 28 CORAL SPRINGS				FL		6. Election Campaign Fina	~ —		May Be	
Zip		Country	28	Zip	> [F.\.		Country			Trust Fund Contribution			to Fees	
24	ł	25	29	7 7 Ame	7			bwa	45	 This corporation owes of Personal Property Tax of 			No	
		and Address of Current			<u>. </u>	100	<u> </u>			10. Name and Address of			=	
HO	WITT, STU	ART				81	Name		11 11 1/-					
441 \$. STATE RD. 7 #15								Street A	ddres	WN M. McKE ss (P.O. Box Number is Not A	NNA Acceptable)			
MARGATE FL 33068								8	48	4 NW 78 C-	roceptable,			
							83							
							84	City				85 Zip	Code	
]].		1ARAC	<u> </u>	_ 33	321	
11. Pursuant office or r	to the provisi egistered ag	ions of Sections 607.0502 ent, or both, in the State (the and accept the obliga	and of Flor	607.1508, Florid rida, Such chang of Section 607.	da Statute ge was a 0505 Ele	es, the authori	abov zed b	e-named o y the corpo	orpor	ration submits this statement n's board of directors. I here	for the purpose of by accept the ap	of changing it pointment as	ts registered registered	
	itti täriittillät yyt	MINISTER X DAY	A	L WAC				AUA		RESIDENT	4-1-6	\ \\		
SIGNATURE	Signature, typed	or printed have of registered agen	t and til	77.4.4		E: Rogist	ered Ag	ent signature ri		when reinstating)	DATE	1 0		
12.		OFFICERS AND	DIRE			1				ADDITIONS/CHANGES T	O OFFICERS AN			
TITLE	D			☐ DE	LETE	1.1	1 TITLE					Change	Addition	
NAME		NA, DAWN					2 NAME							
STREET ADDRESS		W. 78TH COURT						ADDRESS					\j	
CITY-ST-ZIP	TAMAHA	IC FL 33321		DE	LETE	_	4 CITY-S	ST - ZIP				Change	Addition C	
TITLE NAME				السا للسا	LLIL		TITLE					Change	Addition	
STREET ADDRESS							2 NAME	ADDRESS					ļ	
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NAME						3.2	2 NAME					•		
STREET ADDRESS						3.3	STREE1	ADDRESS					1	
CITY-ST-ZIP						3.4	4. CITY -	ST-ZIP						
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NAME						4.	2 NAMÉ							
STREET ADDRESS						4.3	STREET	ADDRESS						
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NAME						5.2	2 NAME						j	
STREET ADDRESS	1					5.3	STREET	ADDRESS					ľ	
CITY-ST-ZIP							CITY-S	11-ZIP						
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NAME						- 1	2 NAME							
STREET ADDRESS						1		ADDRESS					,	
CITY-ST-ZIP	partify that the	a Information supplied with	h thic	filing does not	ouality to		4 CITY-S		l in S	ection 119.07(3)(i), Florida St	atutos I further s	ortifu that the	information	
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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.

DAWN NORTHER DAWN NOKENNA DINAL HU-98 (954)771-117