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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 251184 (8)

1. Corporation Name

PARADISE, INC.



Principal Place of Business

1200 W DR M L KING JR BLVD.
PLANT CITY FL 33566
US

Mailing Address

1200 W. HAINES STREET
PLANT CITY FL 33566

3. Date Incorporated or Qualified

09/14/1961

3a. Date of Last Report

03/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEINER, EUGENE L.
1200 W DR M.L. KING BLVD
PLANT CITY FL 33566

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature typed or printed name of registered agent and that of all directors

(NOTE: Registered Agent Signature required when the state is changed)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VTS
NAME WEINER, EUGENE L
STREET ADDRESS 4301 ROBIN LANE
CITY- ST- ZIP TAMPA FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE PD
NAME GORDON, MELVIN S
STREET ADDRESS 13803 WATERFALL WAY
CITY- ST- ZIP TAMPA FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE CD
NAME WEINER, FRANK A
STREET ADDRESS 4901 LYFORD CAY RD
CITY- ST- ZIP TAMPA FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE D
NAME WEINER, EUGENE L
STREET ADDRESS 4301 ROBIN LANE
CITY- ST- ZIP TAMPA FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE VD
NAME GORDON, RANDY S
STREET ADDRESS 4912 NEW PROVIDENCE
CITY- ST- ZIP TAMPA FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE VD
NAME GORDON, MARK H
STREET ADDRESS 5101 W. POE AVE.
CITY- ST- ZIP TAMPA FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

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 13 if changed, or on an attachment with an address.

SIGNATURE:

Eugene L. Weiner

/Eugene L. Weiner

4-2-93

813-752-1155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Office Phone #

CR2E034 (12/95)