

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

FILED

**May 13 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 251184 (8)

1. Corporation Name

PARADISE, INC.

Principal Place of Business

Mailing Address

**1200 W. Dr. M.L.K. Jr. Blvd.
Plant City, FL 33566**

**P.O. Drawer Y
Plant City, FL
33564**

3. Date Incorporated or Qualified 09/14/61	3a. Date of Last Report 04/04/96
4. FEI Number 59-1007583	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent

Weiner, Eugene L.
1200 W. Dr. Martin Luther King Jr. Blvd.
Plant City, FL 33566

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTSD <input type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weiner, Eugene L.	1.2 NAME	Schulis, Tracy W.
STREET ADDRESS	2611 Bayshore Blvd. #607	1.3 STREET ADDRESS	4806 Culbreath Isles Way
CITY-ST-ZIP	Tampa, FL	1.4 CITY-ST-ZIP	Tampa, FL
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gordon, Melvin S.	2.2 NAME	
STREET ADDRESS	2611 Bayshore Blvd. #1401	2.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weiner, Frank A.	3.2 NAME	
STREET ADDRESS	4901 Lyford Cay Road	3.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gordon, Randy S.	4.2 NAME	
STREET ADDRESS	4912 New Providence	4.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gordon, Mark H.	5.2 NAME	
STREET ADDRESS	5105 W. Poe Avenue	5.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	200002188702
STREET ADDRESS		6.3 STREET ADDRESS	-05/22/97--01116--011
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***165.00

14. I do 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.

SIGNATURE: *Eugene L. Weiner* / **Eugene L. Weiner** **4-24-97** **813-752-1155**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)