

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 28 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 707788 (6)**

1. Corporation Name  
**ISLE OF PARADISE "E", INC.**



Principal Place of Business <b>465 PARADISE ISLE BLVD HALLANDALE FL 33009</b>	Mailing Address <b>465 PARADISE ISLE BLVD HALLANDALE FL 33009-5893</b>
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3. Date Incorporated or Qualified <b>09/09/1964</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1091811</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" 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 Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**LAMB, CHARLES G**  
**465 PARADISE ISLE BLVD. #207**  
**HALLANDALE FL 33009**

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 617.0502 and 617.1509, 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 617.0503, Florida Statutes.

SIGNATURE **CHARLES G. LAMB, PD** *[Signature]* **3/25/97**  
Signature typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAMB, CHARLES G	
STREET ADDRESS	465 PARADISE ISLE BLVD 207	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ADLER, JULIUS	
STREET ADDRESS	465 PARADISE ISLE BLVD 105	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	VISHNO, LEAH	
STREET ADDRESS	465 PARADISE ISLE BLVD 103	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GOLINO, SALVATORE	
STREET ADDRESS	465 PARADISE ISLE BLVD 310	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GINO AVVENIRI	
1.3 STREET ADDRESS	465 PARADISE ISLE BLVD 301	
1.4 CITY-ST-ZIP	HALLANDALE FL 33009	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BESS PETERSON	
2.3 STREET ADDRESS	465 PARADISE ISLE BLVD.210	
2.4 CITY-ST-ZIP	HALLANDALE FL 33009	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **CHARLES G. LAMB** **3/25/97 (954) 468-1443**  
Signature typed or printed name of signing officer or director Date Telephone # 0022558

CR2E037 (9/96)