

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00 ⁴⁻¹³⁻⁹⁵ ^{B-3486} ^{XC}

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 711189 (1)
1. Corporation Name
PARADISE HARBOUR APTS. INC.

95 APR 13 PM 3: 01

Principal Place of Business
**300 GOLDEN ISLES DR.
HALLANDALE FL 33009**

Mailing Address
**300 GOLDEN ISLES DR.
HALLANDALE FL 33009**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/14/1966	3a. Date of Last Report 04/18/1994
4. FEI Number 59-1170609	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent
**DEMICHELE, GEORGE
300 GOLDEN ISLES DR
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 title if applicable) (NOTE: Registered Agent signature required when remaining) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	JACOB, M
STREET ADDRESS	300 GOLDEN ISLES DR
CITY - ST - ZIP	HALLANDALE, FL 00000
TITLE	D
NAME	PIEROBON, J
STREET ADDRESS	300 GOLDEN ISLES DR
CITY - ST - ZIP	HALLANDALE, FL 00000
TITLE	DVP
NAME	COMIANO, H
STREET ADDRESS	300 GOLDEN ISLES DR
CITY - ST - ZIP	HALLANDALE, FL 00000
TITLE	DP
NAME	DEMICHELE, G
STREET ADDRESS	300 GOLDEN ISLES DR
CITY - ST - ZIP	HALLANDALE FL
TITLE	DT
NAME	SCHEINER, H
STREET ADDRESS	300 GOLDEN ISLES DR
CITY - ST - ZIP	HALLANDALE FL
TITLE	D
NAME	LANGONE, P
STREET ADDRESS	300 GOLDEN ISLES DR
CITY - ST - ZIP	HALLANDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D. JACOB, M
1.3 STREET ADDRESS	300 GOLDEN ISLES DR
1.4 CITY - ST - ZIP	HALLANDALE, FL A 33009
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	- 0 -
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	SD RICKLISS, B
5.3 STREET ADDRESS	300 GOLDEN ISLES DR.
5.4 CITY - ST - ZIP	HALLANDALE FLA 33009
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George De Michele **4/1/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GEORGE DE MICHELE PRES.