

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 711189 (1)

1. Corporation Name
PARADISE HARBOUR APTS. INC.



Principal Place of Business: 300 GOLDEN ISLES DR. HALLANDALE FL 33009
Mailing Address: 300 GOLDEN ISLES DR. HALLANDALE FL 33009

3. Date Incorporated or Qualified: 07/14/1966
3a. Date of Last Report: 04/13/1995
4. FEI Number: 59-1170609
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
City & State: 28
Zip: 29 Country: 30

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: **JOYCE PARKMOND**
82 Street Address (P.O. Box Number is Not Acceptable):
83 **300 GOLDEN ISLES DR.**
84 City: **HALLANDALE FL** 85 Zip Code: **33009**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Joyce Parkmond* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input checked="" type="checkbox"/>
NAME	JACOB, M	
STREET ADDRESS	300 GOLDEN ISLES DR	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/>
NAME	PIEROBON, J	
STREET ADDRESS	300 GOLDEN ISLES DR	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	DVP	<input checked="" type="checkbox"/>
NAME	COMIANO, H	
STREET ADDRESS	300 GOLDEN ISLES DR	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	DP	<input checked="" type="checkbox"/>
NAME	DEMICHELE, G	
STREET ADDRESS	300 GOLDEN ISLES DR	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	DT	<input type="checkbox"/>
NAME	SCHEINER, H	
STREET ADDRESS	300 GOLDEN ISLES DR	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/>
NAME	LANGONE, P	
STREET ADDRESS	300 GOLDEN ISLES DR	
CITY-ST-ZIP	HALLANDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	SEC. D.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	BUONVICINO, J.		
1.3 STREET ADDRESS	300 GOLDEN ISLES DR.		
1.4 CITY-ST-ZIP	HALLANDALE FLA		
2.1 TITLE	DIRECTOR -	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	FALICK, S.		
2.3 STREET ADDRESS	300 GILDEN ISLE DR		
2.4 CITY-ST-ZIP	HALLANDALE FLA		
3.1 TITLE	V. PRES. D.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	HIRSCH, A.		
3.3 STREET ADDRESS	300 GOLDEN ISLES DR.		
3.4 CITY-ST-ZIP	HALLANDALE FLA		
4.1 TITLE	PRES. D.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	PARKMOND, J.		
4.3 STREET ADDRESS	300 GOLDEN ISLES DR.		
4.4 CITY-ST-ZIP	HALLANDALE FLA		
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	COMIANO, H.		
5.3 STREET ADDRESS	300 GOLDEN ISLES DR		
5.4 CITY-ST-ZIP	HALLANDALE FLA		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Herbert Scheiner* 4-15-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **HERBERT SCHEINER - TREAS.** Date: Daytime Phone #:

CR2E037 (12/95)