

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

FILED

Apr 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 711189 (1)

1. Corporation Name  
PARADISE HARBOUR APTS. INC.



Principal Place of Business Mailing Address  
300 GOLDEN ISLES DR. HALLANDALE FL 33009  
300 GOLDEN ISLES DR. HALLANDALE FL 33009-5892

3. Date Incorporated or Qualified 07/14/1966  
3a. Date of Last Report 04/17/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 29 Zip 30 Country  
4. FEI Number 59-1170609 Applied For Not Applicable  
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARKMOND, JOYCE  
300 GOLDEN ISLES DRIVE  
HALLANDALE FL 33009

01 Name  
02 Street Address (P.O. Box Number is Not Acceptable)  
03  
04 City FL 05 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BUONVICINO, J.	
STREET ADDRESS	300 GOLDEN ISLES DRIVE	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FALICK, S.	
STREET ADDRESS	3000 GOLDEN ISLES DRICE	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HIRSCH, A.	
STREET ADDRESS	300 GOLDEN ISLES DR	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	PARKMOND J.	
STREET ADDRESS	300 GOLDEN ISLES DR	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COMIANO, H.	
STREET ADDRESS	300 GOLDEN ISLES DR	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
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	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TREASURER - D.
3.3 STREET ADDRESS	# SCHEINER
3.4 CITY-ST-ZIP	300 GOLDEN ISLES DR. HALLANDALE FL 03
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	DIRECTOR
5.3 STREET ADDRESS	J. BEVIN. 311
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DIRECTOR
6.3 STREET ADDRESS	H. AMB 315
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: Herbert Scheiner HERBERT SCHEINER 4/1/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DATE: 4/1/97 DAYTIME PHONE: 0022568

CR2E037 (9/96)