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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Bandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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	
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	25. Country	29. Country	30. Country

3. Date Incorporated or Qualified 07/14/1966
4. FEI Number 59-1170609
Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**PARKMOND, JOYCE
300 GOLDEN ISLES DRIVE
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

81. Name SCHEINER HERBERT
82. Street Address (P.O. Box Number is Not Acceptable) 300 GOLDEN ISLES DR.
83. City HALLANDALE FL
84. 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 Herbert Scheiner **TREASURER** DATE **4-9-98**

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BUONVICINO, J.	
STREET ADDRESS	300 GOLDEN ISLES DRIVE	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FALICK, S.	
STREET ADDRESS	3000 GOLDEN ISLES DRICE	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHEINER, H.	
STREET ADDRESS	300 GOLDEN ISLES DR	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	DP	<input checked="" 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	BEVMH, J.	
STREET ADDRESS	300 GOLDEN ISLES DR	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AMB, H.	
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	SEC. D. FALICK, S.
1.3 STREET ADDRESS	300 GOLDEN ISLES DR.
1.4 CITY-ST-ZIP	HALLANDALE FLA
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D. SHIKORAB
2.3 STREET ADDRESS	300 GOLDEN ISLES DR.
2.4 CITY-ST-ZIP	HALLANDALE FLA
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	PRES. D. BOYD W.
4.3 STREET ADDRESS	300 GOLDEN ISLES DR
4.4 CITY-ST-ZIP	HALLANDALE FLA
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D. BENIN, J.
5.3 STREET ADDRESS	300 GOLDEN ISLES DR.
5.4 CITY-ST-ZIP	HALLANDALE FLA
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	AMBROSINO, H.
6.3 STREET ADDRESS	300 GOLDEN ISLES DR
6.4 CITY-ST-ZIP	HALLANDALE FLA

14. I 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 **TREASURER** DATE **4/1/98**

CF2E037 (10/97)