

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90128 030 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 711189**

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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/14/1966
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1170609
22 City & State	27 City & State	Applied For Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24	25	29
26	27	30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SCHEINER, HERBERT 300 GOLDEN ISLES DRIVE HALLANDALE FL 33009		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 617.1508, 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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FALICK, S	1.2 NAME	JULIA BUONVICINO
STREET ADDRESS	300 GOLDEN ISLES DRIVE	1.3 STREET ADDRESS	300 GOLDEN ISLES DRIVE
CITY-ST-ZIP	HALLANDALE, FL 00000	1.4 CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIKORA, B	2.2 NAME	DAN MORAN
STREET ADDRESS	3000 GOLDEN ISLES DRICE	2.3 STREET ADDRESS	300 GOLDEN ISLES DRIVE
CITY-ST-ZIP	HALLANDALE, FL 00000	2.4 CITY-ST-ZIP	HALLANDALE, FL. 33009
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHEINER, H.	3.2 NAME	FELICE BUONVICINO
STREET ADDRESS	300 GOLDEN ISLES DR	3.3 STREET ADDRESS	300 GOLDEN ISLES DRIVE
CITY-ST-ZIP	HALLANDALE, FL 00000	3.4 CITY-ST-ZIP	HALLANDALE, FL. 33009
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOYD, W	4.2 NAME	JOHN MICCICHE
STREET ADDRESS	300 GOLDEN ISLES DR	4.3 STREET ADDRESS	300 GOLDEN ISLES DRIVE
CITY-ST-ZIP	HALLANDALE FL	4.4 CITY-ST-ZIP	HALLANDALE, FL. 33009
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	BENVIN, J	5.2 NAME	
STREET ADDRESS	300 GOLDEN ISLES DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	AMBROSINO, H	6.2 NAME	
STREET ADDRESS	300 GOLDEN ISLES DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** Herbert Scheiner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)