


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90032 004 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 717216</b> 1. Corporation Name <b>PARADISE GARDENS-II, INC., A CONDOMINIUM</b>		
Principal Place of Business 2415 LINCOLN STREET HOLLYWOOD FL 33020	Mailing Address 2415 LINCOLN STREET HOLLYWOOD FL 33020	



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
		09/22/1969
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
		59-1285072
City & State	City & State	Applied For
		Not Applicable
Zip	Country	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

9. Name and Address of Current Registered Agent MCGLONE, JAY 2415 LINCOLN ST, APT 307 HOLLYWOOD FL 33020	10. Name and Address of New Registered Agent 81 Name WETTRAU, MICHAEL 82 Street Address (P.O. Box Number is Not Acceptable) 2415 LINCOLN ST - #105 83 HOLLYWOOD, FL 84 City 85 Zip Code 33020
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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 WETTRAU, MICHAEL - D. Michael Wettrau DATE 4/12/99

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WETTRAU, HELEN	1.2 NAME	
STREET ADDRESS	2415 LINCOLN ST, 102	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WETTRAU, MICHAEL	2.2 NAME	
STREET ADDRESS	2415 LINCOLN STREET., #105	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, RITA	3.2 NAME	
STREET ADDRESS	2415 LINCOLN STREET, 106	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, JOHN	4.2 NAME	MURRAY, JOHN
STREET ADDRESS	2415 LINCOLN STREET, #301	4.3 STREET ADDRESS	2415 LINCOLN ST, #301
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGLONE, JAY	5.2 NAME	
STREET ADDRESS	2415 LINCOLN STREET., #307	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, CHARLES	6.2 NAME	CARPENTER, CHARLES
STREET ADDRESS	2415 LINCOLN STREET., #202	6.3 STREET ADDRESS	2415 LINCOLN ST, #202
CITY-ST-ZIP	HOLLYWOOD FL	6.4 CITY-ST-ZIP	HOLLYWOOD, FL 33020

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: RITA PETERS REQUIRITA PETERS DATE: 4/12/99 (954) 923-3290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)