FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 719742 (9)

1. Corporation Name

PARADISE SHORES APARTMENTS, INC.

Principal Place of Business	Mailing Address
5230 81ST ST. NO. ST. PETERSBURG FL 33709	5230 81ST ST. NO. ST. PETERSBURG FL 33709

3. Date Incorporated or Qualified: 11/23/1970
3a. Date of Last Report: 05/01/1995

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

4. FEI Number: 59-1508492 ☐ 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

NIEMI, MELVIN E
5246-81ST ST. NORTH, APT. 17
ST. PETERSBURG FL 33709

10. Name and Address of New Registered Agent

81 Name: ELTON SMALLEY
82 Street Address (P.O. Box Number is Not Acceptable): 5286-81ST ST. NO, APT 9
83
84 City: ST. PETERSBURG FL 85 Zip Code: 33709

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: ✓ Elton Smalley — ELTON SMALLEY — 4-24-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NIEMI, MELVIN E 5246-81ST ST. N., APT. 17 ST. PETERSBURG FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD ELTON SMALLEY 5286-81ST ST. NO, APT. 9 ST. PETERSBURG, FL 33709	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KOCH, DIANE 6310-57TH AVENUE, NORTH ST PETERSBURG FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCHOMER, ORA E. 5267 81ST ST., NORTH, APT. 12 ST PETERSBURGH FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHULZ, MARLYN 5257 -81ST LANE, N.. APT 9 ST PETERSBURGH FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VP Richard Brown 5257-81ST LANE No apt 26 ST. PETERSBURG, FL 33709	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SMALLEY, ELTON 5286 81ST ST. NO, APT 9 ST PETERSBURG FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	VP EVAN Sherwood 5286-81ST ST. No, apt. ST. PETERSBURG, FL 33709	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASAT NARDI, LUCILLE 5247 81ST ST., N., APT 16 ST. PETERSBURG FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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: ✓ Elton Smalley — 4-24-96 — 813-546-0178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #