FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State
03-16-1999 90103 050 ****61.25

DOCUMENT # 719742

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	11/23/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1508492 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

~~RICHARSON, LEROY~~
~~5246 81ST ST., NO. APT. 1~~
ST. PETERSBURG FL 33709

10. Name and Address of New Registered Agent

81 Name Charles Vondracek
82 Street Address (P.O. Box Number is Not Acceptable) 5216-81 ST. No, Apt 4
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 X Charles Vondracek 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	PD	☒ DELETE	1.1 TITLE	President / Director	☐ Change ☒ Addition
NAME	~~RICHARSON, LEROY~~		1.2 NAME	Charles Vondracek	
STREET ADDRESS	~~5246 81ST ST. NO. APT. 1~~		1.3 STREET ADDRESS	5216-81 ST. No, Apt. 4	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	ST. Petersburg, Fl 33709	
TITLE	~~T~~	☒ DELETE	2.1 TITLE	TREASURER / DIRECTOR	☐ Change ☒ Addition
NAME	~~KOCH, DIANE~~		2.2 NAME	Albert J. Selby	
STREET ADDRESS	~~6310 57TH AVENUE, NORTH~~		2.3 STREET ADDRESS	5217-81 ST. No Apt 26	
CITY-ST-ZIP	ST PETERSBURG FL		2. 4 CITY-ST-ZIP	St. Petersburg, Fl 33709	
TITLE	~~VPD~~	☒ DELETE	3.1 TITLE	Vice President / Director	☐ Change ☒ Addition
NAME	CARSON, WILLIAM		3.2 NAME	Phyllis Jackston	
STREET ADDRESS	~~5246 81ST ST NORTH, APT 4~~		3.3 STREET ADDRESS	5217-81 ST. No, Apt 1	
CITY-ST-ZIP	ST PETERSBURG FL 33709		3.4. CITY-ST-ZIP	St. Petersburg, Fl 33709	
TITLE	~~VPD~~	☒ DELETE	4.1 TITLE	Vice President / Director	☐ Change ☐ Addition
NAME	~~BROWN, CAROL~~		4. 2 NAME	Richard Brown	
STREET ADDRESS	~~5257 81ST LANE NORTH, APT 86~~		4.3 STREET ADDRESS	5257 81 ST. No Apt 26	
CITY-ST-ZIP	ST PETERSBURG FL 33709		4.4 CITY-ST-ZIP	St Petersburg, Fl 33709	
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SWEENEY, CATHERINE		5.2 NAME		
STREET ADDRESS	5247 81ST ST NORTH, APT 23		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33709		5.4 CITY-ST-ZIP		
TITLE	~~AS~~	☒ DELETE	6.1 TITLE	Assistant Treasurer	☐ Change ☒ Addition
NAME	~~GAYLORD, WANDA~~		6.2 NAME	William Carson	
STREET ADDRESS	~~5227 81ST LANE NO. APT. 11~~		6.3 STREET ADDRESS	5246-81 ST. No, Apt 4	
CITY-ST-ZIP	ST. PETERSBURG FL		6.4 CITY-ST-ZIP	St Petersburg, Fl 33709	

CR2E037 (11/98)

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: X Charles Vondracek SIGNATURE REQUIRED 3/12/99 727-546-0178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #