


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 709862 (7)

1. Corporation Name
ISLE OF PARADISE "B", INC.

Principal Place of Business 450 PARADISE ISLE BLVD #105 HALLANDALE FL 33009	Mailing Address 450 PARADISE ISLE BLVD #105 HALLANDALE FL 33009-5840
---	--



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 11/03/1965		3a. Date of Last Report 04/22/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1152845		Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		Zip 29		Country 30	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

9. Name and Address of Current Registered Agent JAHN, JUDY 450 PARADISE ISLE BLVD. HALLANDALE FL 33009				10. Name and Address of New Registered Agent			
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 _____
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	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KAHN, LESTER			1.2 NAME			
STREET ADDRESS	450 PARADISE ISLE BLVD			1.3 STREET ADDRESS			
CITY-ST-ZIP	HALLANDALE, FL 00000			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NICHOLS, JOHN			2.2 NAME			
STREET ADDRESS	450 PARADISE ISLE BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	HALLANDALE, FL 00000			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARDILLO, ALBERT			3.2 NAME			
STREET ADDRESS	450 PARADISE ISLE BLVD			3.3 STREET ADDRESS			
CITY-ST-ZIP	HALLANDALE, FL 00000			3.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JAHN, JUDY			4.2 NAME			
STREET ADDRESS	450 PARADISE ISLE BLVD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	HALLANDALE FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOLINARI, JOHN			5.2 NAME			
STREET ADDRESS	450 PARADISE ISLE BLVD			5.3 STREET ADDRESS			
CITY-ST-ZIP	HALLANDALE FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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: *Judy Jahn* **JUDY JAHN** 2/28/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0022549

CR2E037 (9/96)