**FILED** Jul 23 1998 8:00am

Secretary of State

## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1. Corporation Name (7)								}				
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ISLE OF PARADISE "B", INC.									ſ	😘 r (Boril) (Buil) alriga kolor kolor dulla dilak didik dilak bilak dilak bilak dilak bilak bil	Dir Britt idei	
									1		AN DINN NAS	
Principal Place of Business				Malling Address						ı iddilik ladır odeld tahat ferik etilik bibli étali filkti bibli etéli bi	ALL BYOTH LOCA	
450 PADADIS	E ISIE BIVD	#105		450 PARADISE ISLE BLVD #105					<u> </u>	3. Date Incorporated or Qualified	<del></del>	
450 PARADISE ISLE BLVD #105 HALLANDALE FL \$3009				HALLANDALE FL 33009						11/03/1965		
1							 	4. FEI Number Applied For				
									- 1		t Applicable	
2. Principal I	Place of Busi	ness		2a. Malling Address					*	5. Certificate of Status Desired S8.75 A		
21				26						5. Certificate of Status Desired Fee Re		
Suite, Apt	. # <b>, el</b> c.		Suite, Apt. #, etc.					- 1	6. Election Campaign Financing \$5.00 N Trust Fund Contribution Added to			
City & Sta	ite	·	City & State						7. Is this nonprofit corporation a homeowners association?			
23				28						Yes No		
Zip	Country			Zip C			Country			8. This corporation owes or has paid the current year intengible		
24		25		29			30			Personal Property Tax due June 30. Yes No		
<u> </u>	9. Name	Registered .	tered Agent			Name	10. Name and Address of New Registered Agent					
81												
JAHN, JUDY								Street	Street Address (P.O. Box Number is Not Acceptable)			
450 PARADISE ISLE BLVD.							83					
HALLANDALE FL 33009												
								City		85 Zip C	ode	
44 Discount to the equipment of exprison 647 0500 and 647 4500 Findle Out to the										FL   S   Z   E		
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											<del></del>	
12. OFFICERS AND DIRECTORS							_			ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12	
TITLE	P			DELETE			1.1 TITLE		T	Change	Addition	
NAME KAHN, LESTER				1.2			1.2 NAME		1			
STREET ADDRESS 450 PARADISE ISLE BLVD				1			1.3 STREET ADDRESS					
CITY-ST-ZIP	HALLAND	ALE, FL 000	00				1.4 CITY-ST-ZIP					
TITLE	V					2.1 TITLE			Change	Addition		
NAME	NICHOLS, JOHN							2.2 NAME 2.3 STREET ADDRESS			į	
STREET ADDRESS	100 , 100 0 100 0 000				4						1	
CITY-ST-ZIP								-ZIP	ļ <u>.</u>			
TITLE	D					3.1 TITLE 3.2 NAME			Change	Addition		
NAME	CARDILLO, ALBERT							•			-	
STREET ADDRESS	The state of the s						3.3 STREET ADORESS 3.4 CITY-ST-ZIP				į	
CITY-ST-ZIP TITLE		ALE, FL VVV	<u>UU                                   </u>			4.1 TIT		-ZIP	┼			
NAME	ST	DV			DELETE	4.2 NA			1	Change	Addition	
STREET ADDRESS	JAHN, JUDY 450 PARADISE ISLE BLVD.						4.3 STREET ADDRESS				j	
CITY-ST-ZIP	HALLANDALE FL						4.4 CITY-ST-ZIP				}	
TITLE	D Z DELETE					_	6.1 TITLE			RECTOR Change	Addition	
NAME	MOLINARI	. JOHN		<del>-</del>			IAME T		Jn.	FPH LOGUIDICE	ן יייטייטיין	
STREET ADDRESS	1 - 2				•			5.3 STREET ADDRESS		EPH LOGUIDICE PARADISE ISLE LANDALE FL 33009	ĺ	
CITY-ST-ZIP	HALLAND						5.4 CITY-ST-ZIP		HAL	LANDALE FL 33009	)	
TITLE	D				DELETE	6.1 TIT	_		1	Change	Addition	
NAME	IFFLA, DA	VID				6.2 NA	ME		Ì			
STREET ADDRESS	l					6.3 STR	REET	ADDRESS	}		}	
CITY-ST-ZIP	HALLANDALE FL 6.4 CI							-ZIP	<u> </u>			
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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 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 with an address.

SIGNATURE: