

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90156 032 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 283006

1. Corporation Name
PARADISE ISLAND AIRLINES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 1550 SW 43RD ST
 FT LAUDERDALE FL 33315
 US

Mailing Address
~~1550 SW 43RD ST~~
~~FT LAUDERDALE FL 33315~~
~~US~~

3. Date Incorporated or Qualified
07/07/1964

2. Principal Place of Business
 21
 Suite, Apt. #, etc.
 22
 City & State
 23
 Zip Country
 24 25 29 30

2a. Mailing Address
 26 **1815 Griffin Road**
 Suite, Apt. #, etc.
 27 **400**
 City & State
 28 **DANIA, FLORIDA**
 Zip Country
 29 **33004** 30 **USA**

4. FEI Number
59-1411105

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 owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

PELOQUIN, ROBERT D JR
 1550 SW 43RD ST
 FT LAUDERDALE FL 33315

10. Name and Address of New Registered Agent

81 Name **THOMAS P. COOPER**
 82 Street Address (P.O. Box Number is Not Acceptable)
1815 Griffin Road, Suite 400
 83
 84 City **DANIA** FL 85 Zip Code **33004**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Thomas P. Cooper* DATE **4-22-99**

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	PELOQUIN, ROBERT D	
STREET ADDRESS	1550 SW 43RD ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DAMIAN, JOHN A	
STREET ADDRESS	1550 SW 43RD ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	VERCELLONE, JOSEPH	
STREET ADDRESS	1550 SW 43RD ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PS, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	THOMAS L. COOPER	
1.3 STREET ADDRESS	1010 REDBIRD AVE	
1.4 CITY-ST-ZIP	Miami Springs, FL 33166	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 607, 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: *Thomas P. Cooper* DATE **4/22/99** 954 266 3000

CR2E034 (1/98)