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

STREET ADDRESS

**SIGNATURE** 

officer or director of the corpora Block 12 or Block 13 if changed

CITY-ST-ZIE

## **FILED** Apr 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name (3)404622 PARADISE GARDENS HOMES, INC. Principal Place of Business Mailing Address 25 SW 18TH AVE P O BOX 5526 FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33310 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/10/1972 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1400649 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zφ Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes □ No 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name **FULLINS. KATHRYN E** 25 SW 18TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33312 83 84 City Zip Code 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE Change Addition **FULUNS. KATHRYN E** NAME 1.2 NAME **25 SW 18TH AVE** STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL City-St-ZiP 1.4 CITY - ST - ZIP DELETE VICE-PRESIDENT K | Change Addition TITLE 2.1 TITLE ROBINSON, WANDA A NAME 2.2 NAME **25 SW 18TH AVE** STREET ADDRESS 2.3 STREET ADDRESS FT LAUDERDALE FL 2 4 CITY-ST-ZIP CITY - ST - ZIP DELETE SECRETARY MARTHA ROBINSON Change **Addition** 3.1 THLE TITLE NAME 3.2 NAME 25 S.W. 18TH AVENUE STREET ADDRESS 3.3 STREET ADDRESS FORT LAUDERDALE, FL 34. CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition 4 1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-St-ZiP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

4/8/98

(954) 524-0055

6.4 CITY-ST-ZIP 14. Thereby 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 suppliernental 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