

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 505847 (4)

1. Corporation Name

PARADISE ISLE ENTERPRISES, INC.



Principal Place of Business

320 DIVISION ST.
#C
ORMOND BCH FL 32174
US

Mailing Address

100 PINE CREEK TRAIL
ORMOND BCH FL 32174
US

3. Date Incorporated or Qualified

06/24/1976

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 100 PINE CREEK TRAIL

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27

City & State

23 ORMOND BEACH FL

28

Zip

Country

24 32174

25

US

29

30

4. FEI Number

59-2146263

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEPLER, LARRY REED
148 BIG BEN
DAYTONA BCH. FL 32117

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

100 PINE CREEK TRAIL

83

84

City ORMOND BEACH

FL

85

Zip Code

32174

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

Larry R. Hepler

LARRY R HEPLER

6/3/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME HEPLER, LARRY REED
STREET ADDRESS 100 PINE CREEK TRAIL
CITY - ST - ZIP ORMOND BCH, FL 00000 32174

TITLE
NAME
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CITY - ST - ZIP

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CITY - ST - ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Larry R. Hepler

LARRY R HEPLER

6/3/96

904-673-8592

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Days in File

CR2E034 (12/95)