

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 11:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 631985 (9)

1. Corporation Name

PARADISE T. V., INC.

Principal Place of Business

**101 W PLANT STREET
WINTER GARDEN FL 34787**

Mailing Address

**101 W PLANT STREET
WINTER GARDEN FL 34787**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/06/1979

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1939119

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**TARDIFF, DENNIS M.
230 PAGE ST.
WINTER GARDEN, FLA—
ORLANDO FL 32808**

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 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	ENCINAS, JOANNE M.
STREET ADDRESS	601 RIDGFIELD ST.
CITY - ST - ZIP	OCEE FL
TITLE	VD
NAME	TARDIFF, DAVID R
STREET ADDRESS	521 BREMON
CITY - ST - ZIP	SUN VALLEY NV
TITLE	PD
NAME	TARDIFF, DENNIS M.
STREET ADDRESS	230 PAGE ST.
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	☒ Change	☐ Addition
1.2 NAME	ENCINAS, JOANNE M		
1.3 STREET ADDRESS	1409 KIMBERLY ST.		
1.4 CITY - ST - ZIP	OCEE, FL 34761		
2.1 TITLE	VD	☒ Change	☐ Addition
2.2 NAME	TARDIFF, DAVID R.		
2.3 STREET ADDRESS	7104 PEPPERMINT DR.		
2.4 CITY - ST - ZIP	RENO, NEVADA 89506		
3.1 TITLE		☐ Change	☐ Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		☐ Change	☐ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		☐ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		☐ Change	☐ Addition
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 that I am qualified 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 liquidator empowered to prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an addition, with my address.

SIGNATURE:

DENNIS M. TARDIFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/95 (402) 886-6627

Date

Telephone Number