

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT #
1. Corporation Name **707788 (6)**

ISLE OF PARADISE "E" INC.

Principal Place of Business Mailing Address
465 Paradise Isle Blvd. Hallandale, Fla. 33009 **SAME**

300001829143
-05/20/96--01041--008
*****61.25**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	09/09/64	05/01/1995
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Country	59-1091811	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
		30		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NEW CHARLES G. LAMB 465 Paradise Isle Blvd. #207 Hallandale, Fla. 33009				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	SEE OTHER SIDE (9)		
				84	City	FL	85

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: **CHARLES G. LAMB, PRESIDENT** *Charles G. Lamb* DATE: **04/16/96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Charles g. Lamb			1.2 NAME	see 12		
STREET ADDRESS	465 Paradise Isle Blvd. #207			1.3 STREET ADDRESS			
CITY-ST-ZIP	Hallandale, Fla. 33009			1.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Julius Adler			2.2 NAME	" "		
STREET ADDRESS	465 Paradise Isle Blvd. #105			2.3 STREET ADDRESS			
CITY-ST-ZIP	Hallandale, Fla. 33009			2.4 CITY-ST-ZIP			
TITLE	S/T D	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Leah Vishno			3.2 NAME	" "		
STREET ADDRESS	465 Paradise Isle Blvd. #103			3.3 STREET ADDRESS			
CITY-ST-ZIP	Hallandale, Fla. 33009			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				4.2 NAME	VD		
STREET ADDRESS				4.3 STREET ADDRESS	Salvatore Golino		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	465 Paradise Isle Blvd. #310 Hallandale, Fla. 33009		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME	700001828507		
STREET ADDRESS				5.3 STREET ADDRESS	-05/20/90--01001--008		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	***61.25		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME	S-1-296		
STREET ADDRESS				6.3 STREET ADDRESS	JP		
CITY-ST-ZIP				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 617, Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Charles G. Lamb* **Charles G. Lamb, Pres.** DATE: **4/16/96** (954) 457-4890 Daytime Phone #

CR2E037 (12/95)