

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **746387**
1. Corporation Name
Paradise Island Towers

Principal Place of Business Mailing Address
RAMPART PROPERTIES, INC.
10033 9th Street North, Second Floor
St. Petersburg, Florida 33716-3805

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		4. FEI Number 59-2041514	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		25			
		29			
		30			

9. Name and Address of Current Registered Agent				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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<i>President</i>	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>John Adams</i>			1.2 NAME			
STREET ADDRESS	<i>10355 Paradise Boulevard # 705</i>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<i>Treasure Island, FL. 33706</i>			1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<i>Vice President</i>	<input type="checkbox"/> DELETE		2.1 TITLE			
NAME	<i>Helen Brummer</i>			2.2 NAME			
STREET ADDRESS	<i>10355 Paradise Boulevard # 1008</i>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<i>Treasure Island, FL. 33706</i>			2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<i>Secretary</i>	<input type="checkbox"/> DELETE		3.1 TITLE			
NAME	<i>ANN SNYDER</i>			3.2 NAME			
STREET ADDRESS	<i>10355 Paradise Boulevard # 508</i>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<i>Treasure Island, FL. 33706</i>			3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<i>Treasurer</i>	<input type="checkbox"/> DELETE		4.1 TITLE			
NAME	<i>Ken Fincham</i>			4.2 NAME			
STREET ADDRESS	<i>10355 Paradise Boulevard # 308</i>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<i>Treasure Island FL. 33706</i>			4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<i>Board Member</i>	<input type="checkbox"/> DELETE		5.1 TITLE			
NAME	<i>WYNN COOPER</i>			5.2 NAME			
STREET ADDRESS	<i>10355 Paradise Boulevard # 602</i>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<i>Treasure Island FL. 33706</i>			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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05-01-96 OK

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 on an attachment with an address.

SIGNATURE: *John Adams* **4/23/96** **813 367 2535**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)