FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY 10 AM 10: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 826058 (0)

1. Corporation Name
THE PARADIES SHOPS, INC.

Principal Place of Business
S.W. FLORIDA REGINAL AIRPORT
16000 CHAMBERLAIN PKWY. SUITE #8673
FT. MYERS FL 33913
US

Mailing Address
5950 FULTON IND.BLVD..S.W.
P.O.BOX 43485
ATLANTA GA 30336

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1971
3a. Date of Last Report: 01/31/1994
4. FEI Number: 58-0839094 — 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

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 — Country — 25
Zip — 29 — Country — 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DVS	1 TITLE	*PRESIDENT* ☒ Change ☐ Addition
NAME	PARADIES, JAMES	1 NAME	*Richard Dickson*
STREET ADDRESS	5950 FULTON IND BLVD	1 STREET ADDRESS	*5950 Fulton IND BLVD*
CITY-ST-ZIP	ATLANTA, GA 0	1 CITY-ST-ZIP	*Atlanta, Ga 30336*
TITLE	PD	2 TITLE	☒ Change ☐ Addition
NAME	PARADIES, DAN M	2 NAME	*DAN PARADIES*
STREET ADDRESS	5950 FULTON IND BLVD	2 STREET ADDRESS	*5950 FULTON IND BLVD* ** PLEASE DELETE AS PRESIDENT AND DIRECTOR.*
CITY-ST-ZIP	ATLANTA, GA 0	2 CITY-ST-ZIP	*Atlanta, GA 30336*
TITLE	VD	3 TITLE	☐ Change ☐ Addition
NAME	DICKSON, RICHARD	3 NAME	
STREET ADDRESS	5950 FULTON IND BLVD	3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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)(i), 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: *[signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date — *404 344-7905* Daytime Phone #

0399108 FP