FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 09 1998 8:00am Secretary of State

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DOCUMENT # 826058 (0)						
THE PARADIES SHOPS, INC.					}	
					r podruž kojem skoje stali voraz nekor iši.	I BEREK BERKET BERKET BERKET BERKET BERKET BERKET
		<u> </u>				
Principal Place of Business Mailing Address					I INDIAN SOLEM STATE WATER BUILD CORE	. miði: minii grett hinri dibti kiki: 192)
S.W. FLORIDA REGINAL AIRPORT 5950 FULTON IND.BLVDS.					Í	
18000 CHAMBERLAIN PKWY, SUITE #8673 P.O.BOX 43485 FT. MYERS FL 33913 ATLANTA GA 30336					DO NOT WRITE	IN THIS SPACE
us					3. Date Incorporated or Qualified	
					04/19/1971	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					58-0839094	Not Applicable \$8.75 Additional
22 27					5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has pal	
24 25 29 30 9. Name and Address of Current Registered Agent					Personal Property Tax due June	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD						
PLANTATION FL 33324			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)
` · ·	, 447.11014 1 2 00024		83			
			84	City		85 Zip Code
				•		
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statu	tes, the above	-named corp	poration submits this statement for the pition's board of directors. I hereby accept	urpose of changing its registered
agent. I a	am familiar with, and accept the obligation	tions of, Section 607.0505, F	orida Statutes		total of directors. Thereby accep	the appearance as registered
SIGNATURE						DATE
12.	Signature, typed or printed name of registered agent and little if applicable. (NO OFFICERS AND DIRECTORS		13.	nt signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	
TITLE	P	DELETE	1.1 TITLE			☐ Change ☐ Addition ♀
NAME	DICKSON, RICHARD		1.2 NAME	1		
STREET ADORESS	5950 FULTON IND BLVD		1,3 STREET ADDRESS			(<u>i</u>
CITY-ST-ZIP	ATLANTA, GA 0		1.4 CiTY-ST-ZiP			
TITLE	VD	L DELETE	2.1 TITLE			L Change L Addition
NAME	DICKSON, RICHARD		2.2 NAME			,
STREET ADDRESS	5950 FULTON IND BLVD ATLANTA GA		2.3 STREET	1		
CITY-ST-ZIP TITLE	VS	DELETE	2. 4 CITY - S' 3.1 TITLE	T-ZIP		Change
NAME	PARADISE, JAMES		3.2 NAME	1 7	ames Paradies	January III , nasilasii
STREET ADORESS	5950 FULTON IND BLVD SW		3.3 STREET		ames raidales	į
CITY - ST - ZIP	ATLANTA GA 33036		3.4. CITY - ST			i
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET /	ADDRESS		Í
CITY-ST-ZIP			4.4 CITY-ST	- ZIP		
TITLE		☐ DELETE	5.1 TITLE	1		Change Addition
NAME	Í		5.2 NAME	IDDECCC		
STREET ADDRESS			5.3 STREET A			
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST 6.1 TITLE	-417		Change Addition
NAME			6.2 NAME	ĺ		
STREET ADDRESS			6.3 STREET A	ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST	l		
14. I hereby o	certify that the information supplied with	this filing does not qualify f	or the exempti	on stated in	Section 119.07(3)(i), Florida Statutes. I f	urther 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: