PROFIT • CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9200000397

PARADIES-DAYTONA BEACH, INC.

FILED
Feb 16, 1999 8:00 am
Secretary of State
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							ii Je il Co ii e lu oii	
Principal Place	e of Business	Mailing A	(MAINES (RIO 19110 11411 0011)	11 69 1)1 88141 89198 1111	# 18111 # 61 188 1			
DAYTONA BEACH AIRPORT 5950 FULTON INDUSTR 700 CATALINA DR.: SUITE 201 ATLANTA GA 30336-271 DAYTONA BEACH FL 32114 US				. BLVD. SW		DO NOT WRITE II	N THIS SPACE	
US						3. Date Incorporated or Qualifed		
						11/23/1992		
2. Principal P	lace of Business	2a. Mailin	g Address			4. FEI Number		Applied For
21		26	26			58-2002770		Not Applicable_
Suite, Apt.	#, etc.	_ 	Apt. #, etc.			5. Certifcate of Status Desired		Additional Required
22		27						
City & Stat	е	— ·	& State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
23		28 Zin		Coun	hn.	Trust Fund Contribution		110 Fees
Zip	Country	Zip		30	u y	 This corporation owes the current y Personal Property Tax. 	rear mangible ☐ Yes	□No
24	25	29	Agent	30		10. Name and Address of New Regis		
	9. Name and Address of Curre	ant Kedisteted /	Agent	1	31 Name	ro. Haile and Address of the Hoge		
CT	CORPORATION SYSTEM			· [·
	SOUTH PINE ISLAND ROAD				32 Street Address (P.O. Box Number is Not Acceptable)			
	NTATION FL 33324				33			
				ľ		: 1	<u> </u>	
					34 City	,	85 Zip	Code
., , , ,			0.51 :1 01-1			corporation submits this statement for the purp	pose of changing i	te registered
office or r agent. 1 a	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Fiorida, Suc	en change was a	autnorizea	ov the comp	oration's board of directors. I hereby accept the	арропинен аз г	egistered
SIGNATURE	Signature, typed or printed name of registered at	gent and title if applicat	ole (NOTE	E: Registered A	gent signature		PATE	
12.	OFFICERS A	AND DIRECTOR	S	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	P		☐ DELETE	1.1 TITU	E	r *	☐ Change	e 🗌 Addition
NAME	DICKSON, RICHARD			1.2 NAM	E .			
STREET ADDRESS	5950 FULTON IND BLVD			1.3 STR	EET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			14 CIT	-ST-ZIP_			
TITLE	VS		☐ DELETE	2 1 TITL	E		Change	e ☐ Addition
NAME	PARADIES, JAMES			2.2 NAM	E		,	
STREET ADDRESS	5950 FULTON IND BLVD			2.3 STF	EET ADDRESS			
CITY-ST-ZIP	ATLANTA GA	-		2. 4 CIT	Y-ST-ZIP			
TITLE	D		☐ DELETE	3 1 TITL	E		Change	e
NAME	PARADIES, RICK			3.2 NAM	ΙE			
STREET ADDRESS	5950 FULTON IND BLVD			3.3 STR	EET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			3.4. CIT	Y-ST-ZIP		<u> </u>	
TITLE	VD		☐ DELETE	4.1 T∏	E		☐ Change	e . Addition
NAME	PAYNE, WILLARD			4. 2 NA	νE			
STREET ADDRESS	FULL TON INDUSTRIAL F	LVD., S.W.		4.3 STF	EET ADORESS	1	•	
CiTY-ST-ZIP	ATLANTA GA 30336	•		4.4 CIT	r-ST-ZIP			
TITLE	VD		☐ DELETE	5.1 TIT		,	☐ Change	e 🔲 Addition
NAME	RUFFIN, DOROTHY			5.2 NA	Æ	,		
STREET ADDRESS	5950 FULTON INDUSTRIAL B	LVD., S.W.		5.3 STF	EET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30336	-		5.4 CIT	r-ST-ZIP			
TITLE	VĪ		☐ DELETE	6.1 TITI	Ξ.		☐ Change	e
NAME	MAREK, DON			6.2 NA	Æ.			
STREET ADDRESS	FOR THE TON INDUSTRIAL OF	LVD.		6.3 STF	EET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30336				/-ST-ZIP			
OUT IT STITLE	= N							

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Paradies , EVP & Sec. 01-21-99