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 JUL -5 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G71535 (0)

1. Corporation Name
PAULS PLACE. INC.

Principal Place of Business
C/O PAUL ROMANO
5601 COLLINS AVENUE APT 1004
MIAMI BEACH FL 33140

Mailing Address
15095 ROYAL FERN CT
F100
NAPLES FL 33963
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/1983	3a. Date of Last Report: 05/17/1994
4. FEI Number: 59-2420605	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
7. This corporation has solicited for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business
21 15095 Royal Fern Ct
22 Suite, Apt. #, etc. NAPLES FL.
23 City & State UNIT F-100
24 Zip 33963 25 County COLLIER

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 County

9. Name and Address of Current Registered Agent

ROMANO, PAUL
15095 ROYAL FERN CT #F100
APT 1004
NAPLES FL 33140

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 change(s) 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: Paul Romano President 6/28/95
(If changing Registered Agent, signature required above) (If changing Registered Agent, signature required above) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	15095 Royal Fern Ct	☒ Change ☐ Addition
NAME	ROMANO, PAUL	1.2 NAME	NAPLES FL 33963	
STREET ADDRESS	5601 COLLINS AVE A-1004	1.3 STREET ADDRESS	UNIT F-100	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP		
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I 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 any attachment with an address.

SIGNATURE: Paul Romano 6/28/95 (941) 434-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0335578 CP