

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H29429** (8)

1. Corporation Name

PARADISE INVESTMENTS OF KEY WEST, INC.



Principal Place of Business

**500 FLEMING ST.
KEY WEST FL 33040**

Mailing Address

**500 FLEMING ST.
KEY WEST FL 33040**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

**SPOTTSWOOD, JOHN M., JR.
500 FLEMING STREET
KEY WEST FL 33040**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

11/09/1984

3a. Date of Last Report

04/27/1995

4. FID Number

65-0067521

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. 190.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.05607 and 607.15007, 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05607, Florida Statutes.

SIGNATURE

Signature of corporation authorized agent (attach to Block 12)

Signature of Agent (attach to Block 10)

Date

12. OFFICERS AND DIRECTORS

TITLE **VS**
NAME **SPOTTSWOOD, JOHN M., JR.**
STREET ADDRESS **522 CAROLINE ST.**
CITY, ST, ZIP **KEY WEST FL**

☐ DELETE

TITLE **PD**
NAME **BLUM, GARY M.**
STREET ADDRESS **1111 JOHNSON STREET**
CITY, ST, ZIP **KEY WEST FL**

☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

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NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change ☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

☐ Change ☐ Addition

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

☐ Change ☐ Addition

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

☐ Change ☐ Addition

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

☐ Change ☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

☐ Change ☐ Addition

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

☐ Change ☐ Addition

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Spottswood, Jr.

Date

Signature

2949556

CR2E034 (12/95)