

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001483025
-05/10/95--01094--009
****208.75 ****208.75

DO NOT WRITE IN THIS SPACE.

DOCUMENT # *H 34373*
1. Corporation Name
ENERGY COATINGS CORPORATION

Principal Place of Business Mailing Address
*1432 21ST ST.
VERO BEACH, FL 32960*

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

3. Date Incorporated or Qualified *Dec. 18 - 1984* 3a. Date of Last Report *May 1 - 1994*
4. FEI Number *59-2478099* Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be
Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

*NILS P. NEDRELIID
1000-29TH AV
VERO BEACH, FL 32960*

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 *Nils P. Nedreliid* *Nils P. NEDRELIID, PRESIDENT* *4-30-95*
Signature (Print or printed name of registered agent and title if applicable) (Date) (Typed name of registered agent and title if applicable) (Date)

12. OFFICERS AND DIRECTORS

TITLE	<i>PRESIDENT</i>
NAME	<i>NILS P. NEDRELIID</i>
STREET ADDRESS	<i>1000 29TH AV.</i>
CITY ST ZIP	<i>VERO BEACH, FL 32960</i>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

5/1/95 mst

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)(k), 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: *Nils P. Nedreliid* *Nils P. NEDRELIID* *4-30-95* *(907) 561-7916*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)

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ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY 10 PH 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H34468 (9)

1. Corporation Name

PARADISE ISLAND VACATIONS, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

December 17, 1984

3a. Date of Last Report

May 1, 1994

(NEW ADDRESS)

2. Principal Place of Business

21 4651 Sheridan Street

2a. Mailing Address

26 4651 Sheridan Street

4. FEI Number

59-2489598

Applied For

Not Applicable

Suite, Apt. #, etc

22 Suite 355

Suite, Apt. #, etc

27 Suite 355

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

23 Hollywood, Florida

City & State

28 Hollywood, Florida

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Zip

24 33021

Country

25 USA

Zip

29 33021

Country

30 USA

8. This corporation has liability for intangible tax under S 199.032.

Florida Statutes

☐

YES

☐

NO

9. Name and Address of Current Registered Agent

Bowden, David G.

10. Name and Address of New Registered Agent

81 Name

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

4651 Sheridan Street,

83 Suite 355

84 City

Hollywood

FL

85 Zip Code

33021

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

P/D

Kearney, Matthew B.

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

V/AS/AT

Bowden, David G.

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☒ Change ☐ Addition

4651 Sheridan Street, Suite 355

Hollywood, Florida 33021

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☒ Change ☐ Addition

4651 Sheridan Street, Suite 355

Hollywood, Florida 33021

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

800001485358

-05/12/95--01024--015

*****225.00 *****225.00

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

SP7 5/10

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)(k), 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID G. BOWDEN

5/9/95 (305) 981-7200

Date

Phone (Area)