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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J15995

(0)

**GULF PARADISE CORPORATION** 

|     | ł    | TLE.   | D  | )       |
|-----|------|--------|----|---------|
| Mar | 19   | 1998   | 8  | 8:00am  |
| Se  | crei | tary ( | 01 | f State |

| Principal Place                               | of Business                                       | Mailing A                | ddress                                    |                        |               | f fabilit filbt filbt bitte this fore: gert dint bint bint den den ander anne enge  |
|---|---|--------------------------|---|------------------------|---------------|---|
| 16520 S TAM                                   | AMI TRAIL   | 16520 S                  | TAMIAMI TRAIL                             |                        |               |   |
| STE 18-252<br>FT MYERS FL 33908               |   |                          | STE 18-252                                |                        |               | DO NOT WRITE IN THIS SPACE  |
|   |   | FT MYER<br>US            | S FL 33908                                |                        |               | 3. Date Incorporated or Qualified   |
| US  |   | Ų3                       |   |                        |               | 05/23/1986  |
| 9 Principal Pi                                | ace of Business                                   | 2a, Mailing              | Address                                   |                        |               | 4. FEI Number Applied For   |
| 21  | acc or oddinoss                                   | 26                       | g - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 |                        |               | 36-3448217 Not Applicable   |
| Suite, Apt.                                   | #. etc.   |                          | Apt. #, etc.                              |                        |               | ¢0 7E a 284   |
| 22  |   | 27                       | •   |                        |               | 5. Certificate of Status Desired Fee Required   |
| City & State                                  | 9   | 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 paid the current year Intangible  |
| 24  | 25  | 29                       | 30  | ]                      |               | Personal Property Tax due June 30. Yes No   |
|   | g. Name and Address of Curre                      | nt Registered A          | gent                                      |                        | ,             | 10. Name and Address of New Registered Agent  |
| FIC   | HER, FRANK J.                                     |                          |   | 81                     |               |   |
|   | 200 SEVILLE CLUBHOUSE DRIV                        | E.                       |   | 82                     | Sire S        | Address (P.O. Box Number is Not Acceptable)   |
|   | OOKSVILLE FL 34614                                |                          |   | "                      |               | 20 S. Tamiami Tr. #18-252   |
| 5""   | OUNDINEE TE OTOTT                                 |                          |   | 83                     | 1             | t Myers   |
|   |   |                          |   | 84                     | 1             |   |
|   |   |                          |   | 1 -                    | " "           | FL   33908 =  |
| 11. Pursuant i                                | to the provisions of Sections 607.05              | 02 and 607.1508          | 3, Florida Statutes,                      | the abov               | e-named       | corporation submits this statement for the purpose of changing its registered<br>poration's board of directors. I hereby accept the appointment as registered |
| office or r                                   | egistered agent, or both, in the State            | e of Florida, Suc        | h change was auth                         | norized b              | y the corp    | poration's board of directors. I hereby accept the appointment as registered  |
| l.  | m tamiliar with, and accept the ook               | jations of, Section      | ALDON , COCO. 100 INC                     | a Glatule              | <b>5</b> .    |   |
| SIGNATURE                                     | Signature, typed or printed name of registered as | ent and title if applica | ble (NOTE R                               | egistered Ag           | ent signature | required when reinstating) DATE   |
| 12.   |   | ID DIRECTORS             |   | 13.                    |               | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
| TITLE   | PDS   |                          | ☐ DELETE                                  | 1.1 TITLE              |               | President/Secretary Addition  |
| NAME  | EICHER, FRANK J                                   |                          |   | 1.2 NAME               |               | 12002001.070000000  |
| STREET ADDRESS 16520 TAMIAMI TRAIL STE 18-252 |   |                          | 1.3 STREE                                 | TADDRESS               |               |   |
| CITY-ST-ZIP                                   | FT MYERS FL                                       |                          |   | 1.4 CITY-1             | ST-ZIP        |   |
| TITLE   |   |                          | DELETE                                    | 2.1 TITLE              |               | Change Addition   |
| NAME  | Maxine L. Lest                                    | -                        |   | 2.2 NAME               |               | V. President/Treasurer  |
| STREET ADDRESS                                | 16520 S. Tamia                                    |                          | #18-252                                   | 2.3 STREE              | T ADDRESS     |   |
| CITY-ST-ZIP                                   | Fort Myers FL                                     | 33908                    |   | 2. 4 CITY-             | ST-ZIP        |   |
| TITLE   |   |                          | DELETE                                    | 3.1 TITLE              |               | Change Addition   |
| NAME  |   |                          | -   | 3.2 NAME               | Į             |   |
| STREET ADDRESS                                |   |                          |   |                        | T ADDRESS     |   |
|   |   |                          |   | 3.4. CMY-              | - 1           |   |
| CITY-ST-ZIP<br>TITLE                          |   |                          | DELETE                                    | 4.1 TITLE              | J1-4W         | ☐ Change ☐ Additio  |
| NAME  |   |                          |   | 4. 2 NAME              | .             | _   |
| 1   |   |                          |   |                        | T ADDRESS     |   |
| STREET ADDRESS                                |   |                          |   | 4.4 CITY-              |               | ·   |
| CITY-ST-ZIP<br>TITLE                          |   |                          | DELETE                                    | 5.1 TITLE              | gi-£ir        | ☐ Change ☐ Additio  |
| · ·   |   |                          |   | 5.2 NAME               |               |   |
| NAME  |   |                          |   |                        |               |   |
| STREET ADDRESS                                |   |                          |   |                        | T ADDRESS     | · ·   |
| CITY-ST-ZIP                                   |   |                          | DELETE                                    | 5.4 CITY-<br>6.1 TITLE | SI-ZIP        | Change Additio  |
| TITLE   |   |                          | - Detele                                  |                        |               |   |
| NAME  |   |                          |   | 6.2 NAME               |               | · ·   |
| STREET ADDRESS                                |   |                          |   |                        | T ADDRESS     |   |
| CITY-ST-ZIP                                   |   |                          |   | 6.4 CITY-              | ST-ZIP        |   |

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.

CICKIATURE.

3/13/28 (941) 267-43