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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # J20616 (5) 1. Corporation Name													
PARADISE TRADING COMPANY, INC.													
Principal Place of Business Mailing Address									DILE NON BAND AN		III UIUH BIBI		
110 1/2 129TI	H AVENUE		110 1/2 129TH AVE	110 1/2 129TH AVENUE									
MADEIRA BEA	CH FL 3370	8	MADEIRA BEACH FI	33708									
											e of Last Report 4/20/1995		
2. Principal Pla	nce of Busine	ess	2a. Mailing Address	2a. Mailing Address				4. FE1 Number 59-2689507			├	Applied For Not Applicable	
Suite, Apt. #	r, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additi					
22			27	 				Ceriii Cale	or Status Desir		<u></u>		Required
City & State			City & State	City & State					ampaign Financ 3 Contribution	eing			May Be
Zip	Т	Country	Zip	ountry					ion Added to Fees liability for intang-ble tax under s 199.032,				
24		25	29	<u> </u>				Florida Statutes X Yes No					
	9. Name	and Address of Curren	Name an	d Address of I	New Re	gistered	Agent						
TEMPI F	JR., CHAR	Name		0 D. N.	and to be a first for								
1101/2, 1			82	Street A	adress (F	O. HOX NU	mber is Not Acc	сертарк	i)				
			ethis line o	IS LINE ONLY 83 TOFIF			-77-	THIS	LINE-	PAR	TOF	OLD F	ADDRESS
MADEIRA	BEACH F	L 33708			84	City	<u> </u>				Fi		p Code
11. Pursuant to	o the provision	ons of Sections 607,0502	and 607.1508, Florida Sta	tutes, the a	bove r	arned con	poration s	ubmits this	statement for t	he purp	ose of cha	anging its	registered office
			da. Such change was autho ion 607. 9 605, Florida Statu		e corpo	oration's b	oard of di	rectors. I h	ereby accept th	e appoi	intment as	registered	d agent. Larn
SIGNATURE .	('Inan	view XX Den	MALLIST, CH	HARLE	る 7	3. TE	EMPL	ENR	., PRES	٠.	4/	1190	φ .
12.	Sligifat ire!typed (or printed name of registers agent OFFICERS AN		NOIL Hegiste		Isgnalure req	<u>. </u>		S/CHANGES 10	O OFFIC	DATE I	DIRECTO	ORS IN 12
TITLE	PD		DELETE		1 THILE	I						Change	Addition
NAME		, CHARLES R. JR.		12	2 NAME								
STREET ADDRESS		ACH DRIVE S.E.		13	3 STREET	ADDRESS							
CITY ST-ZIP	SI. PEII	ersburg fl	F7 66 576		1 CITY - S	1-7iP					<u>-</u> -	7 0	
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STREET ADDRESS				33	STREET	ADDRESS							
CITY-ST-ZIP				3.4	4 CITY - S	r - Z+P							
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NAME				62	2 NAME								
STREET ADDRESS				63	3 STREET	ADDRESS							
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certify that	the informat	ion indicated on this annu	with this filing is voluntarily full ual report or supplemental a pration or the receiver or true	rinua! repoi	rt is tru	e and acc	urate and	that my sig	mature shall hav	ve the s	ame legal	effect as i	if made under

SIGNATURE:

IGNETURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96 (813)392-5902

CR2E034 (12/9)