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PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #

1. Corporation Name

J22414

(3)

PARADISE DEVELOPMENT CORPORATION OF KEY WEST, IN C.

Principal Place of Business Mailing Address % FRANCIS T. KIRWIN % FRANCIS T. KIRWIN 614 GRINNELL STREET 614 GRINNELL STREET KEY WEST FL 33040 KEY WEST FL 33040 3. Date Incorporated or Qualified 3a. Date of Last Report 07/03/1986 06/27/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Apolled For 21 26 59-2687198 Not Applicable Suite, Apt. #, etc Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KIRWIN, FRANCIS T. 82 Street Address (P.O. Box Number is Not Acceptable) **614 GRINNELL STREET** KEY WEST FL 33040 В3 City 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. ature, typed or printed having of registerest a good and tale if applicable (NOTE Engelmed Agent square 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Tille [] DELETE ☐ Change ☐ Addition 1.1100 KIRWIN, FRANCIS T. NAME 1.2 NAME CR2E034 614 GRINNELL ST STREET ADDRESS 13 STREET ADDRESS KEY WEST. FL. CITY - ST - ZIP 14 0 TY - ST - Z F DELETE THLE 2 1 THE Change Addition NATHAN, ROBERT R. NAME 2.2 NAME 720A SIMONTON ST STREET ADDRESS 2.3 STREET ADDRESS KEY WEST FL CITY ST-ZiP 2.4 CITY - \$1 - ZIF THILE [] DELETE 3 1 707: F Change Add tion NAMS 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY ST ZIF 3 4 CITY - S7 - 71P DELETE THILE 4 1 TI\*LE Change Addition NAME 4.2 NAME STREE! ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY - ST - ZIF THILE DELETE 5 THE □1 Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS C(1)Y-S1-Z(F) 54 CHY-ST ZIP TITLE DELFTE 6 1 THE ☐ Change Addition NAME 6.2 NAME STREE! ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. Ido 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 eath; 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 13 if changed, or on an attachment with an address

SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF FISHING OFFICER OR DIRECT

april 1, 1996 (30) 396-9530