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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J95062** **(2)**

1. Corporation Name

PARADISE CONTRACTORS, INC.

Principal Place of Business	Mailing Address
4225 HENDERSON BLVD. 2909 BAY TO BAY BLVD #108 TAMPA FL 33629 US	4255 HENDERSON BLVD. 2909 BAY TO BAY BLVD #108 TAMPA FL 33629 US

3. Date Incorporated or Qualified: 09/28/1987

3a. Date of Last Report: 04/28/1995

4. FEI Number: 59-2876430 ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 4255 Henderson Blvd	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Tampa, Florida	28 City & State
24 Zip 33629 25 Country USA	29 Zip 30 Country

9. Name and Address of Current Registered Agent

ALBANO, ROBERT J.
3902 SAN PEDRO ST
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name: Robert J. Albano
82 Street Address (P.O. Box Number is Not Acceptable): 4016 San Pedro St.
83
84 City: Tampa FL 85 Zip Code: 33629

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: Robert J. Albano Pres. DATE: 4/4/96
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	ALBANO, ROBERT J.		1.2 NAME	Robert J. Albano	
STREET ADDRESS	3902 SAN PEDRO ST		1.3 STREET ADDRESS	4016 San Pedro St.	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa, FL 33629	
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ALBANO, WENDY S.		2.2 NAME		
STREET ADDRESS	3902 SAN PEDRO ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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.

SIGNATURE: Robert J. Albano Pres. 4/4/96 813-288-1886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #