FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K59751** **(3)**

1. Corporation Name

PARADISE PRODUCTS OF AMERICA, INC.

Principal Place of Business	Mailing Address
452 CUDJOE DR. UNIT A P.O. BOX 420321 SUMMERLAND KEY FL 33042-7321	452 CUDJOE DR. UNIT A P.O. BOX 420321 SUMMERLAND KEY FL 33042-0321 US

3. Date Incorporated or Qualified: **01/20/1989**
3a. Date of Last Report: **03/21/1995**

4. FEI Number: **65-0111840** ☐ 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 19960 OVERSEAS HWY	26 PO Box 420321
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: SUGARLOAF FL	28 City & State: Summerland Key, Fl
24 Zip: 33044 25 Country: USA	29 Zip: 33042-0321 30 Country: USA

9. Name and Address of Current Registered Agent

HANKINS-FIELDER, LYNNE
22725 OLD STATE RD. 4A
CUDJOE KEY FL 33042

10. Name and Address of New Registered Agent

81 Name: HANKINS FIELDER LYNNE
82 Street Address (P.O. Box Number is Not Acceptable): 19960 OVERSEAS HWY
83
84 City: SUGARLOAF FL 85 Zip Code: 33044

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DS ☐ DELETE	11 TITLE ☐ Change ☐ Addition
NAME	HANKINS-FIELDER, LYNNE	12 NAME
STREET ADDRESS	22727 BLACKBEARD LANE	13 STREET ADDRESS
CITY-ST-ZIP	SUMMERLAND KEY FL	14 CITY-ST-ZIP
TITLE	DP ☐ DELETE	21 TITLE ☐ Change ☐ Addition
NAME	FIELDER, RICHARD J.	22 NAME @ CORRECTION
STREET ADDRESS	2727 BLACKBEARD LANE	23 STREET ADDRESS 22727 BLACKBEARD LANE
CITY-ST-ZIP	SUMMERLAND KEY FL	24 CITY-ST-ZIP
TITLE	☐ DELETE	31 TITLE ☐ Change ☐ Addition
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY-ST-ZIP		34 CITY-ST-ZIP
TITLE	☐ DELETE	41 TITLE ☐ Change ☐ Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
TITLE	☐ DELETE	51 TITLE ☐ Change ☐ Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE	☐ DELETE	61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP

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: Richard Fielder RICHARD J. FIELDER 4-1-96 305-745-9901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)