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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **K73884** **(4)**

1. Corporation Name
PARADISE HOMES OF NAPLES, INC.

Principal Place of Business	Mailing Address
10681 REGENT CIRCLE NAPLES FL 33942	10681 REGENT CIRCLE NAPLES FL 34109-1528

3. Date Incorporated or Qualified: 03/20/1989
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 2124 La Paz Court
22: Suite, Apt. #, etc.
23: City & State: Naples Florida
24: Zip: 34109
25: Country: USA

2a. Mailing Address
26: 2124 La Paz Court
27: Suite, Apt. #, etc.
28: City & State: Naples Florida
29: Zip: 34109
30: Country: USA

4. FEI Number: 65-0140412 ☐ 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

9. Name and Address of Current Registered Agent

PARADIS, JAMES F
10681 REGENT CIR.
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name: James F. Paradis
82 Street Address (P.O. Box Number is Not Acceptable): 2124 La Paz Court
83:
84 City: Naples FL 85 Zip Code: 34109

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: James F. Paradis — PRESIDENT 1/21/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARADIS, JAMES F. 10681 REGENT CIRCLE NAPLES FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DIRECTOR JAMES F. PARADIS 2124 LA PAZ COURT NAPLES FL. 34109	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PARDIS, MICHELLE J 16081 REGENT CIR NAPLES FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SECRETARY MICHELLE J. PARADIS 2124 LA PAZ COURT NAPLES, FL. 34109	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: James F. Paradis — PRESIDENT 1/28/97 (941) 566-3815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #