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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L77786

(6)

GARDENS OF PARADISE, INC.

**FILED** Feb 17 1997 8:00am Secretary of State

Principal Pla 2943 PORKA APOPKA FL		2943 PO	Mailing Address 2943 PORKAN ROAD APOPKA FL 32712-5436			-				
							3. Date Incorporated or Qualified 05/25/1990	I	te of Last 20/1990	•
	Place of Business	þ	ng Address	W/8111.111			4. FEI Number			Applied For
1 Suite Ap	it # rite	26 Suite	, Apt. #, etc.				59-2671327		,	Not Applicable  Additional
2	n. n. 010	27	, 1411. 11, 010.				5. Certificate of Status Desired		7	Required
City & St	ate	City 8	State	· · · · · · · · · · · · · · · · · · ·			6. Election Campaign Financing		\$5.0	O May Be
3	1 Constant	[28]		Cour			Trust Fund Contribution			d to Fees
Zip 1	Country 25	Zip 29		30	шу		This corporation has liability for Florida Statutes	r intangible Yes		' \$. 199.032,
1	9. Name and Address of Cu		Agent	1001			10. Name and Address of New R			
P(	DOLE, WILLIAM F., ESQ.				<b>B1</b>	Vame				
	14 WEST COLONIAL DR.			ŀ	82 5	Street Addre	ess (P.O. Box Number is Not Accepta	ble)	·······	
01	RLANDO FL 32804			}	83		· · · · · · · · · · · · · · · · · · ·			
£				L						
1					84	City		FL	85 Z	p Code
SIGNATURE	Signature, typed or pented name of register	ed agent and title if applic	eple (NO	TE: Registered	Ageni s	signature require	ed when reinstating)	DATE	_,	
SIGNATURE	Stanature, typed or pented name of register				Ageni s	signature require				
12.	Stanature, typed or pented name of register	nd agent and title if applic S AND DIRECTORS		TE: Registered		signature require	ad when reinstating) ADDITIONS/CHANGES TO OFF		DIRECTO	
IZ.	Signature, typed or pented mine of registers OFFICERS		3	13.	LE	signature require				
I <b>2.</b> ITLE IAME	OFFICERS  D  KLOEHN, MELVM  S  2943 PORKAN RD.		3	13. 1.1 TIT 1.2 NAI	LE					
IZ. ITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or centred name of registers  OFFICERS  D  KLOEHN, MELVIN  2943 PORKAN RD.  APOPKA FL		DELETE	13. 1.1 TIT 1.2 NAI 1.3 STE 1.4 CIT	LE ME REET AD Y-S1-2	ORESS			Chang	e Addition
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ILZ.  NAME  BEREET ADDRESS  DITY - ST - ZIP  HTLE  NAME  STREET ADDRESS  DITY - ST - ZIP  UTLE  NAME  STREET ADDRESS  DITY - ST - ZIP	Signaturi, typied or printed navine of register  OFFICERS  D KLOEHN, MELVIN  2943 PORKAN RD.  APOPKA FL  D KLOEHN, JUNE  2943 PORKAN RD.  APOPKA FL		DELETE	13. 1.1 III. 1.2 NAI 1.3 STF 1.4 CIT 2.1 TIII 2.2 NAI 2.3 STF 2. 4 CI 3.1 TIII 3.2 NAI 3.3 STF	LE ME REET AD LE ME REET AD IY-ST-: LE ME REET AD LE ME REET AD LE	IDRESS ZIP IDRESS ZIP			Chang	e Addition e Addition
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signaturi, typed or printed name of register  OFFICERS  D KLOEHN, MELVM 2943 PORKAN RD. APOPKA FL  D KLOEHN, JUNE 2943 PORKAN RD. APOPKA FL  S  S		DELETE  DELETE  DELETE	13. 1.1 TIT. 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4 CIT 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF 5.4 CIT	LE  REET AD  REET AD  LE  ME  REET AD  IY-ST-;  LE  ME  REET AD  LE  WE  REET AD  LE  WE  REET AD  LE  WE  REET AD  LE  WE  REET AD  LE  LE  LE  LE  LE  LE  LE  LE  LE  L	IDRESS ZIP IDRESS ZIP IDRESS ZIP IDRESS			Chang Chang Chang Chang	e Addition e Addition e Addition e Addition
12.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  STREET ADDRESS  CITY- ST- ZIP  TITLE	Signaturi, typed or protest name of registric OFFICERS  D KLOEHN, MELVM 2943 PORKAN RD. APOPKA FL  D KLOEHN, JUNE 2943 PORKAN RD. APOPKA FL  S  S		DELETE  DELETE  DELETE	13. 1.1 TIT. 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4 CIT 4.2 NAI 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF 5.4 CIT 6.1 TITI 6.2 NAI	LE  REET AD  REET AD  LE  ME  REET AD  IY-ST-;  LE  ME  REET AD  LE  WE  REET AD  LE  WE  REET AD  LE  WE  REET AD  LE  WE  REET AD  LE  LE  LE  LE  LE  LE  LE  LE  LE  L	IDRESS ZIP IDRESS ZIP IDRESS ZIP IDRESS ZIP IDRESS ZIP			Chang Chang Chang Chang	e Addition e Addition e Addition e Addition

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.