

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000002367 (1)

1. Corporation Name
PARADISE MANAGEMENT, INC.



Principal Place of Business: 2082 TARPON WAY ENGLEWOOD FL 34224
Mailing Address: 2082 TARPON WAY ENGLEWOOD FL 34224

3. Date Incorporated or Qualified: 05/24/1993
3a. Date of Last Report: 08/04/1995
4. FEI Number: 65-0413525
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 (21-24)
2a. Mailing Address (26-30)
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent
**CUNNINGHAM, R. SCOTT
2082 TARPON WAY
ENGLEWOOD FL 34224**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HURLEY, RONALD D	
STREET ADDRESS	3310 55 DR E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GAFFORD, GARY A	
STREET ADDRESS	301 SW 17TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DILONGO, GEORGE A	
STREET ADDRESS	4833 23RD AVE SW	
CITY-ST-ZIP	NAPLES FL 33990	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CUNNINGHAM, R. SCOTT	
STREET ADDRESS	2082 TARPON WAY	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SASSEY, ALBERT J	
STREET ADDRESS	4915 26TH ST E	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *R. Scott Cunningham RAB* R. SCOTT CUNNINGHAM 4/29/96 (44) 475-9368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)