

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 28 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000002367 (1)**  
 1. Corporation Name  
**PARADISE MANAGEMENT, INC.**



Principal Place of Business <b>2082 TARPON WAY ENGLEWOOD FL 34224</b>	Mailing Address <b>2082 TARPON WAY ENGLEWOOD FL 34224-5231</b>
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3. Date Incorporated or Qualified <b>05/24/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Zip <b>29</b>
	Country <b>30</b>

4. FEI Number <b>65-0413525</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

**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  
**FL** **85** Zip Code

**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 reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HURLEY, RONALD D</b>	
STREET ADDRESS	<b>3310 55 DR E</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34203</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>GAFFORD, GARY A</b>	
STREET ADDRESS	<b>301 SW 17TH ST</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33991</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>DILONGO, GEORGE A</b>	
STREET ADDRESS	<b>4833 23RD AVE SW</b>	
CITY-ST-ZIP	<b>NAPLES FL 33999</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>CUNNINGHAM, R. SCOTT</b>	
STREET ADDRESS	<b>2082 TARPON WAY</b>	
CITY-ST-ZIP	<b>ENGLEWOOD FL 34224</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>SASSEY, ALBERT J</b>	
STREET ADDRESS	<b>4915 26TH ST E</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34208</b>	
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 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 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. Cunningham* 41102 941-472-9368

CR2E037 (9/96)