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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000002367

1. Corporation Name

PARADISE MANAGEMENT, INC.

Principal Place of Business

2082 TARPON WAY
 ENGLEWOOD FL 34224

Mailing Address

2082 TARPON WAY
 ENGLEWOOD FL 34224



2. Principal Place of Business

21 **1709 SW 3RD PL.**

2a. Mailing Address

26 **1709 SW 3RD PL**

3. Date Incorporated or Qualified

05/24/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0413525

Applied For

Not Applicable

City & State

23 **CAPE CORAL, FL**

City & State

28 **CAPE CORAL, FL**

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

24 **33991** 25 **US**

Country

29 **33991** 30 **US**

Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

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 **GENE BECKSTEIN**
 82 Street Address (P.O. Box Number is Not Acceptable)
1709 SW 3RD PLACE
 83
 84 City **CAPE CORAL** FL 85 Zip Code **33991**

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

Gene Beckstein, SD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" 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 checked="" type="checkbox"/> DELETE
NAME	DILONGO, GEORGE A	
STREET ADDRESS	4833 23RD AVE SW	
CITY-ST-ZIP	NAPLES FL 33999	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CUNNINGHAM, R. SCOTT	
STREET ADDRESS	2082 TARPON WAY	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	T	<input checked="" 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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	THEOPHILUS BEJELIS	
1.3 STREET ADDRESS	1908 PICADILLY CIRCLE	
1.4 CITY-ST-ZIP	CAPE CORAL, FL 33991	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GENE BECKSTEIN	
2.3 STREET ADDRESS	1709 SW 3RD PLACE	
2.4 CITY-ST-ZIP	CAPE CORAL, FL 33991	
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 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 of an attachment with an address, with all other like empowered.

SIGNATURE:

Gene Beckstein
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/99
 Date

Daytime Phone #

CR2E037 (11/98)