


FILED
May 01, 1999 8:00 am
Secretary of State

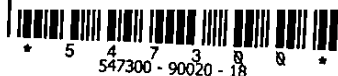
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N980000004448

1. Corporation Name

PARADISE H.O.G. CHAPTER, INC.



Principal Place of Business

5707 SHIRLEY ST
NAPLES FL 34109

Mailing Address

5707 SHIRLEY ST
NAPLES FL 34109

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	08/03/1998
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0860126
24 Country	29 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FISCHER, SCOTT
5707 SHIRLEY ST
NAPLES FL 34109

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

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	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	SCOTT FISCHER
STREET ADDRESS		1.3 STREET ADDRESS	5707 SHIRLEY ST.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	NAPLES, FL 34109
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	TREASURER / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	RICHARD P. WALKER
STREET ADDRESS		2.3 STREET ADDRESS	1100 5th AVENUE SOUTH, SUITE 201
CITY-ST-ZIP		2.4 CITY-ST-ZIP	NAPLES, FL 34102
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	ASSISTANT TREAS/SECRETARY/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	LYNN WANNAMACHER
STREET ADDRESS		3.3 STREET ADDRESS	5707 SHIRLEY ST.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	NAPLES, FL 34109
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard P. Walker
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99
 Date

(941) 263-8993
 Daytime Phone #

CR2E037 (11/98)