## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P27093 (4)

PARADIES-SARASOTA, INC.

## **FILED** Feb 06 1998 8:00am Secretary of State



Principal Plac	Principal Place of Business Mailing Address								ONE REDI		
SARASOTA/BRADENTON AIRPORT 5950 FULTON INDUSTRIAL 6000 AIRPORT CIRCLE ATLANTA GA 30336-2717					BLVD. SW						
SARASOTA FL 34243								DO NOT WRITE IN THIS S	PACE		
US								3. Date Incorporated or Qualified			
								11/29/1989			
2. Principal P	Place of Business	2a. Mai	ling Address					4. FEI Number		Applied For	
21		26						58-1842578		Not Applicable	
Suite, Apt.	#, etc.	_	Suite, Apt. #, etc.					5. Certificate of Status Desired		5 Additional Required	
City & Stat	ie		City & State					C. Fireday Constitution		<del></del>	
23		_ ·	28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country Zip			Country				8. This corporation owes or has paid the curr			
24	25	29		30	•				Yes	∏ No	
	9. Name and Address of Current Registered Agent			11	10. Name and Address of New Registered Agent						
СТ	CORPORATION SYSTEM				81	Nε	ame				
1200 S. PINE ISLAND ROAD					82 Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION FL 33324						511	reet Addres	Address (P.O. Box Number is Not Acceptable)			
					83						
					84	Cit	ty	EI	85 Zi	p Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.15	08. Florida Stati	ites the at	201/6	a-nar	med corno	ration submits this statement for the nurnose of	changing	a ite registered	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.											
	im familiar with, and accept the obligi	ations of, Sec	tion 607.0505, F	lorida Stat	utes	3.				-	
SIGNATURE	Signature, typed or printed name of registered age	et and title if north	anhle (NC	TE: Consistered	d A a a	nt nine	antico con dend	when reinstating) DATE		<del></del>	
12.	OFFICERS ANI			13.	nye.	i Kaigi	natore required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	2BS IN 12	
TITLE	P		DELETE	1.1 701	TLE				Chang		
NAME	DICKSON, RICHARD		•	1,2 NA			İ				
STREET ADDRESS	5950 FULTON INDUSTRIAL			1.3 \$7		ADORI	1500			ĺ	
CITY-ST-ZIF	ATLANTA GA			1.4 CF							
TITLE	VST		DELETE	2,1 7(7		1-211	<del>-   - "</del>		Change	e	
NAME	PARADIES, JAMES N.		<del>_</del>	2,2 NA				•			
STREET ADDRESS	5950 FULTON INDUSTRIAL			2.3 ST		ADDBI	ESC			}	
CITY-ST-ZIP	ATLANTA GA		•			T-ZIP	i				
TITLE	VD		DELETE	3.1 TiT		<u></u> II	<del>   </del>		Change	e Addition	
NAME	DICKSON, DICK		_	3.2 NA				•			
STREET ADDRESS	5950 FULTON INDUSTRIAL			3 3 ST		ADDRI	ESS			ļ	
CiTY-ST-ZIP	ATLANTA GA			3.4. CI						ĺ	
TITLE	D		DELETE	4.1 TIT		. 411			Change	e Li Addition	
NAME	WILBOURN, MACK			4, 2 N/				•			
STREET ADDRESS	5950 FULTON INDUSTRIAL			4.3 ST		ADORE	ESS				
CITY - ST - ZIP	ATLANTA GA			4.4 CIT							
TITLE	D		☐ DELETE	5.1 TIT				1	Change	Addition	
NAME	PARADIES, GREGG		_	5 2 NA				•			
STREET ADDRESS	5950 FULTON IND BLVD			5 3 ST		ADDRE	ESS				
CITY - ST - ZIP	ATLANTA GA			5.4 CIT							
TITLE			DELETE	6.1 TIT		- TIL			Change	Addition	
NAME				6,2 NA				_			
STREET ADDRESS				6.3 STF		عمامه	F99				
CITY-ST-ZIP				6.4 CIT							
	ertify that the Information supplied wi	th this filing d	loes not qualify f				stated in Se	ection 119.07(3)(i). Florida Statutes I further cert	ify that th	ne information	

Indicated certify that the information supplied with this hining does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the informatio 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.

SIGNATURE:

1/23/60