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

**PROFIT** CORPORATION **ANNUAL REPORT** 1997



Secretary of State DIVISION OF CORPORATIONS

## POCUMENT # P9300002038 (6)

PARADISE PIER, INC.

Principa!	Place (	of Bu	siness

Mailing Address

196 128TH AVE. EAST

198 128TH AVE. EAST

## **FILED** May 16 1997 8:00am Secretary of State



MADEIRA BEACH FL 33708			MADEIRA BEACH FL 33708-2602								
					12/28/1992 02/1		ate of Last Report				
2. Principal P	Place of Business		2a. Mailing Ad	ddress			4. FEI Number	<u> </u>	A	pplied For	
21		26		<b>59-3160232</b> No.			ot Applicable				
Sulte, Apt. #, etc.			Suite, Apt #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24	25 Cour	ntry	Zip 29	30	Cpuntr 0	у	8. This corporation has liability for i	ntangible tax		. 199.032,	
	9. Name and Add	ress of Current	Registered Ager	nt		<b></b>	10. Name and Address of New Re	gistered Age	ent		
196- STE	NES, VINCENT 128TH AVENUE EA 3 DEIRA BEACH FL 3:				81 82 83	Street Add	dress (P.O. Box Number is Not Acceptab	le)			
	·			·	84	City		FL	<b>35</b> Zip	Code	
Office of f	to the provisions of Si registered agent, or bi am familiar with, and a	otn. In the State o	t Florida. Such di	iange was aut	norizea b	v the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of ch I the appoin	anging i tment as	ts registered registered	
SIGNATURE	Signature, typed or printed n	nme of registered event	and title II and leave	ANOTA A	interior		ured when re-instating)	DATE		<del></del>	
12.	Signature, typeo or printed it	OFFICERS AND		(NOIE )	13.	ent signature requ	ADDITIONS/CHANGES TO OFFIC		IBECTOR	RS IN 12	
TITLE	DPST		·····	DELETE	1.1 TITLE	1			Change	Addition	
NAME	HAINES, VINCEN	ſ			1.2 NAME	İ					
STREET ADDRESS	196-128TH AVEN				1.3 STREE	1 ADDRESS					
CITY-ST-ZIP	MADEIRA BEACH	FL			1.4 CRY-	ST-ZIP					
TITLE	DVP			DELETE	2.1 HILE				Change	Addition	
NAME	MCALISTER, MICH				2.2 NAME						
STREET ADDRESS	23 LAKE STREET				2.3 STREE	I ADDRESS					
CITY-ST-ZIP	BELLINGHAM MA				2. A CITY-	ST-ZIP	_				
TITLE				DELETE	3.1 TITLE				Change	Addition	
NAME	:				3.2 NAME						
STREET ADDRESS					3.3 STREE	T ADDRESS					
CITY-ST-ZIP				<del></del>	3.4 CITY -	\$T-ZIP			<b></b>	·	
TITLE				DELFTE	4.1 TITLE				Change	Addition	
NAME					4. 2 NAME						
STREET ADDRESS					4.3 STREE	1 address					
CITY-ST-ZIP					4.4 CITY-	ST - ZIP					
TITLE				DELFTE	5.1 TITLE				Change	☐ Addition	
NAME	,				5.2 NAME						
STREET ADDRESS					5.3 STREE	T ADDRESS					
CITY-ST-ZIP		·			5.4 CI1Y-	\$T-2IP					
TITLE				DELETE	6.1 TITLE				Change	Addition	
NAME					6.2 NAME						
STREET ADDRESS					6.3 STRFE	1 ADDRESS					
CITY-ST-ZIP					64 CUY-	ST - 71P					

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 607, Florida Statutes; and that my name