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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000034394 (5)

PARADISE TRAVEL, INC.

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SIGNATURE:

FILED Apr 10 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 975 IMPERIAL GOLF COURSE BLVD. 6621 GEORGE WASHINGTON WAY NAPLES FL 33940 NAPLES FL 33963 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/10/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 65-0400796 Suite, Apt. #, etc. Suito, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CLARK, JR. GILBERT R GILBERI 6821 GEORGE WASHINGTON WAY 82 NAPLES FL 33963 83 PLES 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. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE CLARK, GILBERT NAME 1.2 NAME **6621 GEORGE WASHINGTON WAY** STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 33963 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE TVD 2.1 TITLE CLARK, DONNA NAME 2.2 NAME 6621 GEORGE WASHINGTON WAY STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL 33963 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Channe TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or 1 an attachment with an address.