**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000043034

1. Corporation Name

PARADISE PROPERTIES FINANCIAL CORP.

Principal Place of Business . Mailing Address						f 1005/1005 110 (0180 (311) BRIEL METH ABILL BALLI MIGHE SICIL GOIDE SICIL GUNDE SICIL GUN	
2420 NORTHEAST 32ND COURT 2420 NORTHEAST			NORTHEAST 32ND CONTINUES POINT FL 3300				·
							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed 06/14/1993
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number Applied For
21	·	26					65-0418627 Not Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required
City & State	e .		City & State				6. Election Campaign Financing \$5.00 May Be
23	•	28					Trust Fund Contribution Added to Fees
Zip	Country	<u> </u>	Zip 	Coun	try		8. This corporation owes the current year Intangible
24	25	29		30			Personal Property Tax.  Yes No
	9. Name and Address of Curren	t Regist	ered Agent		B1	Name	10. Name and Address of New Registered Agent
ROM	IANO, FELIPE			Ľ	"	Name	
2420 NORTHEAST 32ND COURT			•	[1	82	Street Add	dress (P.O. Box Number is Not Acceptable)
LIGH	ITHOUSE POINT FL 33064-8181				83		
				ļ	84	City	FL 85 Zip Code
SIGNATURE	m familiar with, and accept the obligation of th	nt and title if	applicable. (NOTE: F				ired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	0	☐ DELETE	1,1 TITL	E	ŀ	☐ Change ☐ Addition
NAME	ROMANO, FELIPE			1.2 NAN			
STREET ADDRESS	2420 NORTHEAST 32ND COU	RT		1.3 STR	EET	ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE PT. FL 33064			1.4 CIT	/-ST	-ZIP	
TITLE	STD		☐ DELETE	2.1 TITE	E		☐ Change ☐ Addition
NAME	ROMANO, ANNETTE N			2.2 NAA	Æ		
STREET ADDRESS	2420 NORTHEAST 32ND COU	RT		2.3 STR	EET	ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE PT. FL 33064		_	2.4 CITY-ST-ZIP			
TITLE			☐ DELETÉ	3,1 TITL			☐ Change ☐ Addition
NAME				3.2 NAM			
STREET ADDRESS						ADDRESS	. ,
CITY-ST-ZIP			☐ DELETE	3.4. CIT 4.1 TITL		T-ZIP	Change Addition
TITLE			E DEELIE	4. 2 NA			
NAME	-					ADDRESS	
STREET ADDRESS				4.4 CIT		1	
CITY-ST-ZIP TITLE			☐ DELETÉ	5.1 TITL		1 611	☐ Change ☐ Addition
NAME				5.2 NA		1	
STREET ADDRESS				5.3 STF	EET	ADDRESS	
CITY-ST-ZIP				5,4 CIT	Y-\$T	r- ZIP	
TITLE			☐ DELETE	6.1 TITL	E		☐ Change ☐ Addition
NAME .				6.2 NAM	Æ		

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, of an an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90083 036 \*\*\*150.00