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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

May 16 1997 8:00am

Secretary of State

## DOCUMENT # P93000076794 (5)

PARADISE ENTERPRISES OF DESTIN, INC.

Principal Place of Business Mailing Address P.O. BOX 5022 P.O. BOX 5022 DESTIN FL 32540-5022 DESTIN FL 32540-5022				22						
							3. Date incorporated or Qualified 11/05/1993	1	of Last R 1/1996	eport
2. Principal P	Place of Business	2a.	a. Mailing Address				4. FEI Number	1 00/0		oplied For
21							59-3216523	···		ot Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & Stat	City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added	to Fees
Zφ	Country	j	Zip	H1	ountry		8. This corporation has liability for it			. 199.032,
24	9. Name and Address of Curre	ent Registe	lered Agent	30	7		Florida Statutes  10. Name and Address of New Reg	Yes		
SOI		Jill Hogic	olou rigotti		81	Name	10. Harris and Francisco or Hear Fran	Jugiting 1.5	Jone	
SOUZA, RODNEY Ł JR. 408 BENNING DR.										
DESTIN FL 32541					82	Street Addi	ress (P.O. Box Number is Not Acceptab	ie)		
	71111 <b>1 W - 22</b> - 17				83					
1					84	City		FL	<b>85</b> Zip (	Code
agent. I a SIGNATURE	am familiar with, and accept the oblig Signature typed or printed name of repeatined a OFFICERS AL	agent and title it	d applicable (NO		red Ager		red when renstating)  ADDITIONS/CHANGES TO OFFIC	DATE ERS AND D	DIRECTOF	RS IN 12
TITLE	P		☐ DELETE	1.1	HIEF				Change	Addition
NAME	SOUZA, RODNEY L JR.			128	IMAM		•			
STREET ADDRESS	408 BENNING DR.			1.3 (	STREET	ADDRESS				
CITY-ST-ZIP	DESTIN FL	District Control of the Control of t			1.4 ICHY - ST - 7 IP			<del>-</del>	7	
TITLE	VP VASSO, WANDA W	DELFTE			2.1 TALE 2.2 NAME			L	Change	Addition Addition
NAME STREET ADDRESS	408 BENNING DR.									
CITY+ST-ZIP	DESTIN FL	•			CITY-S	ADDRESS				l
TITLE	DEVINIE	DELETE			TITLE	1-21			Change	Addition
NAME					NAMI					
STREET ADDRESS				32,						
	1				STREET	ADDRESS				
CITY-ST-ZIP				331	STREET CHY-S	i		<u>-</u> <u>-</u> -		
CITY-ST-ZIP TITLE		~~~~	DELETE	33) 34.		i			Change	Addition
TITLE NAME		<del></del>	☐ DELETE	331 34, 411 4.2	CITY-S TITLE NAME	61 - ZIP		Е	☐ Change	Addition
TITLE NAME STREET ADDRESS			☐ DELETE	33 <u>34.</u> 4.1 J 4. 2. 4.3 {	CHY-S THLE NAME STREET	ST-ZIP ADORESS			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				331 34: 4.11 4.2: 4.3(	CHY-S THLE NAME STREET	ST-ZIP ADORESS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			DELETE	3.3   3.4, 4.1) 4.2, 4.3   4.4   5.11	CITY-S THLE NAME STREET CITY-ST	ST-ZIP ADORESS			Change Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	<i>j</i>			331 34, 4.1) 4.2, 4.3, 4.4, 5.11	CHY-S THEF NAME STREET CHY-ST THEE NAME	ST-ZIP ADORESS 1-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	<i>i</i>			331 34 411 4.2 4.3 4.4 5.11 5.21	CHY-S THEF NAME STREET CHY-ST THEE NAME	ADDRESS ADDRESS ADDRESS				

14. I do hereby certify that the information supplied with this filling 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 eath, 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