

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000083431

1. Corporation Name

PARADISE PRESS, INC.

Principal Place of Business

8551 W SUNRISE BLVD
SUITE 302
PLANTATION FL 33322
US

Mailing Address

8551 W SUNRISE BLVD
SUITE 302
PLANTATION FL 33322
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1993

4. FEI Number

65-0455294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1575 NORTHPARK DR.

2a. Mailing Address

26 1575 NORTHPARK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE #100

27 STE #100

City & State

City & State

23 WESTON, FL

28 WESTON FL

Zip

Country

Zip

Country

24 33326

25 USA

29 33326

30 USA

9. Name and Address of Current Registered Agent

SIMON & GOLDWEITZ
12380 SW 82 AVE
MIAMI FL 33156

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SCHEAR, SCOTT
STREET ADDRESS 8551 W SUNRISE BLVD #302
CITY-ST-ZIP PLANTATION FL

TITLE S ☐ DELETE

NAME SHCEAR, JULIE
STREET ADDRESS 8551 W SUNRISE BLVE SUTE 302
CITY-ST-ZIP PLANTATION FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1575 NORTHPARK DR. #100
WESTON FL 33326

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

SCHEAR, JULIE
1575 NORTHPARK DR #100
WESTON FL 33326

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE:

Julie Schear
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99

954-476-5900

Date

Daytime Phone #

CR2F034 (11/98)

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90100 014 ***150.00

