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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000088150 (6) DOCUMENT

PARADISE PLUS, INC.

| Mailing Address |
|---|
| 6760-3101 NORTH COCOA B COCOA FL 32927 |
| |

FILED Feb 16 1998 8:00am Secretary of State



LVD. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/28/1993 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3215449 26 Not Applicable 21 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible □ No Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DANIELS, E D 6760-3101 NORTH COCOA BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) COCOA FL 32927 **B3** 84 City Zip Code 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 name of legistered rigent and life if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change ☐ Addition CR2E034 DANIELS, PATRICIA N NAME 12 NAME 6760-3101 NORTH COCOA BLVD. STREET ADDRESS 1.3 STREET ADDRESS COCOA FL 32927 CITY-ST-ZIP 1.4 City - \$1 - 7iP DELETE Change Addition TITLE 2.1 TITLE DANIELS, E D NAME 2.2 NAME 6760-3101 NORTH COCOA BLVD. STREET ADDRESS 2.3 STREET ADDRESS COCOA FL 32927 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition THILE 41 THILE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 51 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 6 3 STREET ADDRESS 6.4 City-St-ZiP CITY-ST-ZIP

14. Thereby 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 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 13 if changed, or or an attraction with an address

SIGNATURE:

3-7.98 (401)636-5998