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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 21 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000010630** (9)

NORTHWEST PARADISE INC.

Principal Place of Business Mailing Address					
5901 13TH AVENUE NORTH BT. PETERSBURG FL 33710 5T. PETERSBURG FL 3371					
		,		3. Date Incorporated or Qualified 02/08/1994	<b>3a.</b> Date of Last Report <b>04/19/1996</b>
<del></del>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Sulte. Apt.	D all	26		<del>-59 3186981</del> - 59-3320	Not Applicable
22 Sulte, Apr.	#, BIC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campalgn Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25 9. Name and Address of Cu	29	30	Florida Statutes 10. Name and Address of New Re	Yes No
WAL		Helit Hedistolen Adoll	81 Name	10. Italia alla Address di Itaw Ne	gistered Agent
TIMIL, QMILE					
ST. PETERSBURG FL 33710			82 Street	Address (P.O. Box Number is Not Acceptate	ole)
oi. PEIEnobund FE 55/ IU			83		
			<u></u>		
			84 City		FL 85 Zip Code
office or regent. Le	im familiar with, and accept the of	oligations of, Section 607.0505, F	lorida Statutes.	corporation submits this statement for the poration's board of directors. I hereby acce	ourpose of changing its registered of the appointment as registered
10	Signature, typed or printed name of registerer		E: Registered Agent signature	_ <u></u>	DATE
12.	PSTD	AND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition
TITLE NAME	WAHL, GAYLE	[] D.(( ) [	1.1 TITLE 1.2 NAME		C Change
STREET ADDRESS	5901 13TH AVE. NO.		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE	01121210001012	DELETE	2.1 717LE		Change Addition
NAME		<b>-</b>	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - \$1 - ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	. 4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 \$1REE1 ADDRESS		
CITY-ST-ZIP		Doctor	4.4 CITY-ST-ZIP		
TITLE		[ ] DEFELE	5.1 TITLE		Change L Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	54 CHY-ST-ZIP 61 THLE		Change Addition
NAME			6.2 NAME		⊏ oriende ⊏ vonition
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CHY-ST-ZIP		
14. I do heret	by certify that the information supp	olied with this filing does not qual	ify for the exemption st	ated in Section 119.07(3)(i), Florida Statute	s. I further certify that the
<b>Inf</b> ormatio	in indicated on this annual report.	or supplemental annual report is:	true and accurate and	that my signature shall have the same lega eport as required by Chapter 607, Florida S	Leffect as if made under oath: that I

3NATURE: 1 /2/80/2018 11 (Balle / Day) 14/15/97 (10/2) 529-9