

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000026092 (4)**

1. Corporation Name

PARADISE PAINTING & DECORATING CO., INC.



Principal Place of Business

1960 RIVER REACH DR #189
NAPLES FL 33942

Mailing Address

1960 RIVER REACH DR #189
NAPLES FL 33942

3. Date Incorporated or Qualified
04/01/1994

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 **2316 Pine Ridge Rd**

26 **2316 Pine Ridge Rd**

22 **Suite #415**

27 **Suite #415**

23 **Naples FL**

28 **Naples, FL**

24 **33942**

25 **Collier**

29 **33942**

30 **Collier**

4. FEI Number
65-0481669

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

BOMBARD, CINZIA
1960 RIVER REACH DR #189
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name **BOMBARD, CINZIA**
82 Street Address (P.O. Box Number is Not Acceptable)
1601 GARDENIA LANE
83
84 City **NAPLES** FL 85 Zip Code **33942**

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 *Cinzia Bombard*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

4/22/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BOMBARD, CINZIA	
STREET ADDRESS	1960 RIVER REACH DR #189	
CITY - ST - ZIP	NAPLES FL 33942	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAPONE, ANTONIO	
STREET ADDRESS	2608 FOUNTAIN VIEW CIR #206	
CITY - ST - ZIP	NAPLES FL 33942	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PTIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CINZIA BOMBARD	
1.3 STREET ADDRESS	1601 GARDENIA LANE	
1.4 CITY - ST - ZIP	NAPLES, FL 33942	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ANGELA CAPONE	
3.3 STREET ADDRESS	2608 FOUNTAIN VIEW CR #206	
3.4 CITY - ST - ZIP	NAPLES, FL 33942	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DAVID CAPONE	
4.3 STREET ADDRESS	2608 FOUNTAIN VIEW CR #206	
4.4 CITY - ST - ZIP	NAPLES, FL 33942	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Cinzia Bombard* **CINZIA BOMBARD - PRES** 4/22/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Residence Phone #

CR2E034 (12/95)