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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P9400034599 (8)

PARADISE MAINTENANCE AND REPAIR INC.

## FILED Apr 22 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address												
16958 US 41 SPRINGHILL			16956 US 41 SOUTH SPRINGHILL FL 34610				DO NOT WRITE IN THIS SPACE					
i							3. Date Incorporated or Qualified 05/04/1994		101		7	
2. Principal F	Place of Business	2a. Mailing	2a. Mailing Address				4. FEI Number		777	Applied For	7	
21		26	26				<b>59-3252603</b> Not A			Vot Applicable	, ]	
Suite, Apl.	#, elc	Suite, Ap	Suito, Apt #, etc. 27				5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & Stat	le	City & S	City & State				6. Efection Campaign Financing \$5.00 May Be					
23	28						Trust Fund Contribution			d to Fees		
Zip				Coun	Country  8. This corporation owes or has paid the current year Intangible							
24	25 29 30			0							_	
	9. Name and Address of Cur	ent Registered Ag	ent				10. Name and Address of New Reg	stered Ag	ent		4	
	NOWLTON, HORACE A IV				61   1	Name					-	
442 W KENNEDY BLVD SUITE 280				- h	82 5	Street Addres	s (P.O. Box Number is Not Acceptable	<u>,)</u>			7	
TA	MPA FL 33606											
				]:	83						Ì	
				Ī	84 (	City		FL	<b>85</b> Zip	Code	-	
office or a agent. I a SIGNATURE	registered agent, or both, in the Sta im familiar with, and accept the ob Signature types or polled name of ingistered	tte of Florida, Such in igations of, Section agent and title if applicable	change was aut 607.0505, Florid	horized da Statu legistered	by thutes.	named corpor ne corporation signature required		the appoin	itment a	s registered		
12.	OFFICERS A	ND DIRECTORS	<b>-</b>	13.			ADDITIONS/CHANGES TO OFFICE				-\8	
TITLE	P DENO DONE	Ĺ	_] DELETE	1.1 Till				Ŀ	] Change	Addition	1	
NAME	REID, DON E 16930 US 41 SOUTH			1.2 NAN							13	
STREET ADDRESS					1.3 STREET ADDRESS						ij	
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STREET ADDRESS				63 STR	EET ADI	ORESS						
CITY-ST-ZIP				64 CITY	Y - ST - Z	PP					_	

4. Thereby 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or flisted 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 attachning with an address.

SIGNATURE:

lan E. C.V