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

FILED
98 DEC -8 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000037202

1. Corporation Name: Family Paradise Island, Inc.

Principal Place of Business: 107900 Overseas Highway, Key Largo, FL 33037

Mailing Address: 107900 Overseas Highway, Key Largo, FL 33037

Amended Annual Report

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 5/12/94

2. Principal Place of Business — 21:

2a. Mailing Address — 26: 709 Cape Coral Pkwy.,E.

4. FEI Number: 65-0492265 — Applied For ☐ Not Applicable ☐

Suite, Apt # etc — 22:

Suite, Apt #, etc — 27:

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required

City & State — 23:

City & State — 28: Cape Coral, Florida

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip — 24: Country — 25:

Zip — 29: 33904 Country — 30: USA

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Ronald R. Fieldstone
200 S. Biscayne Blvd., Ste. 2100
Miami, FL 33131

10. Name and Address of New Registered Agent

81 Name: Monika Farmar

82 Street Address (P.O. Box Number is Not Acceptable): 709 Cape Coral Parkway, East

83:

84 City: Cape Coral, FL — 85 Zip Code: 33904

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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CSTD	☒ DELETE
NAME	Anne Pichler	
STREET ADDRESS	107900 Overseas Highway	
CITY-ST-ZIP	Key Largo, FL 33037	
TITLE	VP	☒ DELETE
NAME	Jeffrey Turner	
STREET ADDRESS	107900 Overseas Highway	
CITY-ST-ZIP	Key Largo, FL 33037	
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	P, D	☐ Change ☒ Addition
1.2 NAME	Holger Schumacher	
1.3 STREET ADDRESS	5249 Nautilus Drive	
1.4 CITY-ST-ZIP	Cape Coral, FL 33904	
2.1 TITLE	ST D	☐ Change ☒ Addition
2.2 NAME	Monika Schumacher	
2.3 STREET ADDRESS	5249 Nautilus Drive	
2.4 CITY-ST-ZIP	Cape Coral, FL 33904	
3.1 TITLE	VP	☐ Change ☒ Addition
3.2 NAME	Monika Farmar	
3.3 STREET ADDRESS	709 Cape Coral Parkway, East	
3.4 CITY-ST-ZIP	Cape Coral, FL 33914	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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*****70.00 *****70.00

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.

SIGNATURE: Holger Schumacher, Director 12/7/98 941/540-9434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)