

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

page 1 of 2

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000038522 (6)

1. Corporation Name

PARADISE RESTORED, INC.

FILED
97 APR 22 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

378 BAHIA AVE
KEY LARGO FL 33037

378 BAHIA AVE
KEY LARGO FL 33037-4336

3. Date Incorporated or Qualified

05/17/1994

3a. Date of Last Report

10/25/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

BROWN, HELENA W
378 BAHIA AVE
KEY LARGO FL 33037

81. Name

82

Street Address (P.O. Box Number is 0420707-01034-006

83

600002157826--9
****165.00 ****165.00

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT ☐ DELETE

NAME BROWN, HELENA W
STREET ADDRESS 378 BAHIA AVE
CITY-ST-ZIP KEY LARGO FL 33037

TITLE VPS ☐ DELETE

NAME BROWN, ELGIE V JR.
STREET ADDRESS 378 BAHIA AVE
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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do 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:

Helena W. Brown HELENA W. BROWN

Jan. 2-97 305-453-0234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

139292

CR2E034 (9/96)

page 2 of 2

Form **SS-4**

(Rev. December 1995)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) HELENA W. BROWN		
	2 Trade name of business (If different from name on line 1) PARADISE RESTORED INC		3 Executor, trustee, "care of" name HELENA W. BROWN
	4a Mailing address (street address) (room, apt., or suite no.) 378 BAHIA AVE		5a Business address (If different from address on lines 4a and 4b) SAME
	4b City, state, and ZIP code KEY LARGO FL 33037		5b City, state, and ZIP code
	6 County and state where principal business is located MONROE FLORIDA		
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ► HELENA W. BROWN PRES. 015-12-9781		
8a Type of entity (Check only one box.) (See instructions.) <input checked="" type="checkbox"/> Sole proprietor (SSN) 015-12-9781 <input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp. <input type="checkbox"/> REMIC <input type="checkbox"/> Limited liability co. <input type="checkbox"/> State/local government <input type="checkbox"/> National Guard <input type="checkbox"/> Other nonprofit organization (specify) ► <input type="checkbox"/> Other (specify) ► <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator-SSN <input type="checkbox"/> Other corporation (specify) ► <input type="checkbox"/> Trust <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal Government/military <input type="checkbox"/> Church or church-controlled organization (enter GEN if applicable)			
8b If a corporation, name the state or foreign country (If applicable) where incorporated FLORIDA		State FLORIDA Foreign country	
9 Reason for applying (Check only one box.) <input checked="" type="checkbox"/> Started new business (specify) ► ? <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type) ► <input type="checkbox"/> Banking purpose (specify) ► <input type="checkbox"/> Changed type of organization (specify) ► <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ► <input type="checkbox"/> Other (specify) ►			
10 Date business started or acquired (Mo., day, year) (See instructions.) MAY 19 1994		11 Closing month of accounting year (See instructions.) DEC	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ► NONE			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.) ► Nonagricultural 0 Agricultural 0 Household 0			
14 Principal activity (See instructions.) ►			
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ►			
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ► <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> N/A			
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.			
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ► Trade name ►			
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed Previous EIN			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. HELENA W. BROWN, PRES Name and title (Please type or print clearly.) ► Business telephone number (include area code) 305 453 0234 Fax telephone number (include area code)			

Signature ► Helena W. Brown Date ► Oct 5 - 1996

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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