FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000056029 (9)

1. Corporation Name

PARADISE TO REALITY AND BACK, INC.

Principal Place of Business: P.O. BOX 709, ISLAMORADA FL 33036

Mailing Address: P.O. BOX 709, ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/28/1994
3a. Date of Last Report:

2. Principal Place of Business — 21 / Suite, Apt. # etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. # etc. 27 / City & State 28 / Zip 29 / Country 30

4. FEI Number: 65-050 9631 — 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

LEVIN, NORMAN D
137 PLANTATION BLVD.
ISLAMORADA FL 33036

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEVIN, NORMAN D
STREET ADDRESS	P.O. BOX 709
CITY, ST, ZIP	ISLAMORADA FL 33036
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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)(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: [signature] NORMAN LEVIN, PRES. 4-14-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0423742 FF

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CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

DOCUMENT # **P94000056035 (6)**

1. Entity Name

DAVID E. LEIGH, P.A.

Principal Place of Business	Mailing Address
3777 TAMIAMI TRAIL NORTH SUITE 201 NAPLES FL 33940	3777 TAMIAMI TRAIL NORTH SUITE 201 NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **07/28/1994**

3a. Date of Last Report: **N/A**

4. FEI Number: **65-0509778** — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # or Bldg.	Suite, Apt. # or Bldg.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

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 intangibles 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
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301	81 Name: DAVID E. LEIGH 82 Street Address (P.O. Box Number is Not Acceptable): 3777 TAMIAMI TRAIL NORTH 83 Suite 201 84 City: NAPLES FL 85 Zip Code: 33940

11. Pursuant to the provisions of Sections 607.1005 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: David E Leigh — 4-24-95

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
TITLE: PRESIDENT, DIRECTOR NAME: DAVID E. LEIGH STREET ADDRESS: 3777 TAMIAMI TRAIL N. #201 CITY-ST-ZIP: NAPLES FLA 33940	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. To the best of my knowledge, the information supplied with this report is complete, accurate and current. I am aware that any false information submitted in a document to the Department of State for the purpose of obtaining or maintaining registration as a Florida corporation is a violation of Section 817.155, Florida Statutes. I further certify that the corporation named in this report has complied with the applicable provisions of Florida Statutes regarding the use of fictitious names. I am aware that the penalty for knowingly signing this report with the intent to mislead is a third degree felony as provided for in Section 817.155, Florida Statutes.

SIGNATURE: David E Leigh — DAVID E. LEIGH, PRES — 4-10-95 — 813-435-9303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0327015 CP