## 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

DOCUMENT # P94000070285 (9)

PARADISE CLOTHING, INC.

**FILED** Feb 27 1998 8:00am Secretary of State

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Principal Place of Business Mrilling Address									1617 66175 1196°	19191 8111 1941	
20926 8TH AVE. WEST 20926 8TH AVE. WEST											
SUMMERLAND KEY FL 33042			SUMMERLAND KEY FL 33042				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifie	d			
							09/23/1994				
2. Principal Pi	ace of Business	2e. M	lailing Address				4. FEI Number		A	pplied For	
21 2			]				65-0525793	Not Applicable			
Suite, Apt	#, etc.	s	iuite, Apl. #, etc.				Certificate of Status Desired			Additional	
22		27				<del> </del>				equired	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
<b>Z</b> ip	Country	_  28	(ip	Cou	ntrv					***	l
	25	29	4,	30	, y		8. This corporation owes or has Personal Property Tax due Ju			No No	
24	9. Name and Address of Curre		red Agent	1301			10. Name and Address of New				
V.	RIGHT, THOMAS D	•			81 N	lame	7010000	Α.			
	701 OVERSEAS HWY.				<b>82</b> S	WR	IGHT THOMAS uss (P.O. Box Number is Not Accept	table)	<del></del>		
SUITE 17					02 5	1009	S OVERSEAS HI	6HWA>	1		
	ARATHON FL 33050		NEW		83	_					
•			ADORE	55	-	SUITE	. 10		las Zia	Code	l
					84 C	ity 🗠 A6	MOH TAS	FL	. 85 Zip	Code 3050	
11. Pursuant f	to the provisions of Sections 607.05	02 and <b>6</b> 07	. 1508, Florida Statut	tes, the at	oove-na	amod corne	vation submits this statement for th	e purpose o	f changing i	its registered	l
office or re agent. I a	ig the provisions of Sections 607.00 ogistered agent, or both, in the Stat in familiar with, and accept the obli	le of Horida gatio is of, \$	Such change was Section 607.0505, Fl	authorized orida Stat	d by the utes.	e corporation	on's board of directors. I hereby ac	cept the app	ointment as	s registerea	
SIGNATURE	Signature, typed or printed name of registered a	gout and tibe dir	npplicable (NO)	E Registered	d Agent si	gnature require	d when reinstating)	DATE			ړ
12.	OFFICERS AL	ND DIRECT	ORS	13.			ADDITIONS/CHANGES TO OF	FICERS AND	_		٤
TITLE	PSTD		DELETE	1.1 TF	TLE				Change	Addition	14
NAME	TRINCHETTO, THOMAS S			1.2 N/	AME	1					3
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NAME				2.2 N/	AME						
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NAME				. 3.2 NA							
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NAME				4. 2 N			•				l
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CITY-ST-ZIP		· · · ·	- Discrete		TY-ST-ZI	IP			Chance	Addition	ł
TITLE			☐ DELETE	6.1 TI					Change	- Audition	l
NAME				6.2 N							١
STREET ADDRESS					TREET ADD						l
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I ¶al Ihereb∨o	cernsy that the information supplied.	with this blir	na aces not quality f	or the exe	TODAME	n stated in t	Section T19.07(3)(I), Fiorida Statute	s. i iurther C	eriny inai in	re inionitation	

indicated on this annual report or supplemental arrural 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: The

(305)745-3022