


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

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000070604 (1)**

1. Corporation Name
PARADISE FINANCIAL INC.

Principal Place of Business

1024 ALTO ROAD
LANTANA FL 33462
US

Mailing Address

1024 ALTON ROAD
LANTANA FL 33462
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1994

4. FEI Number

65-0522536

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 6788 Trade Wind Way	25 PO Box 3287
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Lantana Fla	28 City & State Lantana Fla
24 Zip 33462	29 Zip 33465
Country US	Country US

9. Name and Address of Current Registered Agent

RAILEY, ROBERT
400 S. FEDERAL HWY.
SUITE 413
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name **Patricia M Siewert**
82 Street Address (P.O. Box Number is Not Acceptable)
6788 Trade Wind Way
83
84 City **Lantana** FL 85 Zip Code **33462**

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

Patricia M Siewert

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAILEY, ROBERT	1.2 NAME	PD Railey Robert
STREET ADDRESS	1024 ALTO RD.	1.3 STREET ADDRESS	4225 Lendar N
CITY-ST-ZIP	LANTANA FL	1.4 CITY-ST-ZIP	Lake Worth Fla 33463
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEWERT, PATRICIA	2.2 NAME	VSM Siewert Patricia
STREET ADDRESS	1024 ALTO RD.	2.3 STREET ADDRESS	6788 Trade Wind Way
CITY-ST-ZIP	LANTANA FL	2.4 CITY-ST-ZIP	Lantana Fla 33462
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

Patricia M Siewert **1-14-98**

CR2E034 (10/97)