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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 20 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P94000072510 (8)

WELCOME TO PARADISE REALTY, INC.

745-82 BEAL PKY SUITE 4 FT. WALTON BEACH FL 32547			745-B2 BEAL PKY SUITE 4 FT. WALTON BEACH FL 32547					3. Date Incorporated or Qualified	3		st Report	
			14-17- 8-1-2					09/29/1994	<u>  U4/L</u>	<b>)9/199</b> (		
<u></u>	ace of Business	***************************************	Mailing Address				1	4. FEI Number			Applied For	_
21	H	26	Cuito Ant H ata					59-3274540		-	Not Applicable	-
Suite Apt	27 - 1844 h	27	Suite, Apt. #, etc.					5. Certificate of Status Desired		Fee	5 Additional Required	_
City & State	0	28	City & State					Election Campaign Financing     Trust Fund Contribution			00 May Be ed to Fees	
Zip 24	25 29 30				Country			Florida Statutes	ly for intangible tax under s. 199.032,  Yes No			
	<ol><li>Name and Address of Current</li></ol>	nt Regis	tered Agent					10. Name and Address of New Re-	gistered /	Agent		
JENI	KINS, ROBERT L				81	Nar	ne					
	B2 BEAL PKY				82	Stre	et Addres	ss (P.O. Box Number is Not Acceptab	le)	····		_
	WALTON BEACH FL 32547				83							
					84	City			FL	<b>85</b> Z	ip Code	$\dashv$
office or r	to the provisions of Sections 607.055 egistered agent, or both, in the State in familiar with, and accept the oblig	of Florid Jations of	da. Such change wa f, Section 607.0505,	as authori , Florida S	ized by Statutes	the o	orporatio	ration submits this statement for the p n's board of directors. I hereby accept the training the statement of the property of	urpose of the app	changin ointment	ig its registered as registered	j
10	OFFICERS AN				3.	nt sign	iure required	ADDITIONS/CHANGES TO OFFIC		DIDEC1	MPS IN 12	$\dashv$
12.	·	IC DIREC	DELETE				<del></del>	ADDITIONS/CHANGES TO OFFIC	ENS AND	Chan		<u>.</u>
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NAME:	JENKINS, ROBERT L				2 NAME		ļ					
STREET ADDRESS	P.O. BOX 338 N/A			٤.	3 STREET	ADORE	is	4.				
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SIGNATURE:

14. Log 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 inclicated or this amoust 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.