

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

FILED
May 18 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 # P95000012001 (0)
 1. Corporation Name
PARADISE CONSTRUCTION, INC.



Principal Place of Business 1711-A SOUTH 10TH STREET SAFETY HARBOR FL 34695	Mailing Address 1711-A SOUTH 10TH STREET SAFETY HARBOR FL 34695
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/13/1995	
21 2901 Rigsby Lane	26 2901 Rigsby Lane	4. FEI Number 59-3294491		Applied For Not Applicable	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State Safety Harbor, FL	28 City & State Safety Harbor, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 34695	25 Country FLORIDA	29 Zip 34695	30 Country FLORIDA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STROSS, HOWARD C 34650 U.S. HIGHWAY 19 NORTH SUITE 307 PALM HARBOR FL 34684				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)	33920 U.S. Highway 19 North		
				83 Suite	Suite 351		
				84 City	Palm Harbor	85 Zip Code	FL 34684

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONROE, III CHARLES H.	1.2 NAME	
STREET ADDRESS	1711A S. TENTH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR F	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNOR, MICHAEL P.	2.2 NAME	P Connor, Michael P.
STREET ADDRESS	1711A SOUTH 10TH STREET	2.3 STREET ADDRESS	2901 Rigsby Lane
CITY-ST-ZIP	SAFETY HARBOR FL	2.4 CITY-ST-ZIP	Safety Harbor, FL 34695
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOGT, CHED E.	3.2 NAME	
STREET ADDRESS	1711A SOUTH 10TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIDMAN, GEORGE K.	4.2 NAME	EVP/ST/D
STREET ADDRESS	1711A SOUTH 10TH STREET	4.3 STREET ADDRESS	Kidman, George K.
CITY-ST-ZIP	SAFETY HARBOR F	4.4 CITY-ST-ZIP	2901 Rigsby Lane
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	AS
STREET ADDRESS		5.3 STREET ADDRESS	Mary Bridget Tones
CITY-ST-ZIP		5.4 CITY-ST-ZIP	2901 Rigsby Lane, Safety Harbor FL 34695
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	VP
STREET ADDRESS		6.3 STREET ADDRESS	Scott Torrie
CITY-ST-ZIP		6.4 CITY-ST-ZIP	2901 Rigsby Lane
			Safety Harbor, FL 34695

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: *Mary Bridget Tones* **Mary Bridget Tones** **4/29/98** **813-726-1115**

CR2E034 (10/97)