FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000037460 (9)**

1. Corporation Name
PARADISE MOTORCYCLES, INC.

Principal Place of Business
189 MAJORCA CIRCLE
MARCO ISLAND FL 33937

Mailing Address
189 MAJORCA CIRCLE
MARCO ISLAND FL 33937

3. Date Incorporated or Qualified: 05/11/1995
3a. Date of Last Report:

2. Principal Place of Business
21 994 N. Barfield Drive
Suite, Apt. #, etc.
22 Unit #1
City & State
23 Marco Island, FL
Zip: 24 33937 Country: 25 U.S.A.

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

4. FEI Number
65-0580667
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

MORRIS, WILLIAM G ESQ.
247 NO. COLLIER BLVD. STE 202
MARCO ISLAND FL 33937

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 607.1504, 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. The 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	☐ DELETE
NAME	STRUMPEN-DARRIE, FRANCES	
STREET ADDRESS	189 MAJORCA CIRCLE	
CITY-ST-ZIP	MARCO ISLAND FL 33937	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	P	☐ Change ☒ Addition
1 NAME	Strumpen-Darrie, Frances	
1 STREET ADDRESS	189 Majorca Circle	
1 CITY-ST-ZIP	Marco Island, FL 33937	
2 TITLE	VP/S/T	☐ Change ☒ Addition
2 NAME	Sagona, Christopher	
2 STREET ADDRESS	189 Majorca Circle	
2 CITY-ST-ZIP	Marco Island, FL 33937	
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is accurate, furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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: Francesca Strumpen-Darrie VICE PRESIDENT 4/10/96 (941) 394-5991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #