

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000038279

1. Corporation Name

PARADISE ALLEY CAFE, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 234 BREVARD AVE.

Suite, Apt. #, etc.

22

23 City & State
COCOA, FL

Zip

24 32922

Country

25 BREVARD

2a. Mailing Address

26 DRAWER 610

Suite, Apt. #, etc.

27

28 City & State
COCOA, FL

Zip

29 32923-610

Country

30 BREVARD

3. Date Incorporated or Qualified

5-12-95

3a. Date of Last Report

4. FEI Number

59-3318510

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

10. Name and Address of New Registered Agent

HARRISON P. VANDERSLICE
1 OLEANDER ST.
COCOA, FL 32922

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 607.1508, 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

Signature of Registered Agent (If Registered Agent is a corporation, the signature of the president or other officer authorized to execute this statement)

Signature of Registered Agent (If Registered Agent is a corporation, the signature of the president or other officer authorized to execute this statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE / DIRECTOR ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP
DEBORAH B. VANDERSLICE
1 OLEANDER ST.
COCOA, FL 32922

TITLE / DIRECTOR ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP
VICE-PRES. / DIRECTOR
HARRISON P. VANDERSLICE
1 OLEANDER ST.
COCOA, FL 32922

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

00000185.145.0

06/05/96 01023 025

***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96

407-635-9032

CR2E034 (12/95)