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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000065314 (3)

DOCUMENT #

1. Corporation Name
PARADISE NEWS, INC.

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Principal Place of Business 7408 DEL BONITA COURT UNIT 73 TAMPA FL 33617			Ma	Mailing Address 7408 DEL BONITA COURT UNIT 73 TAMPA FL 33617								
									3. Date language rates or Qualified	3a. D	ate of Last Re	port
2. Principal Pla	ice of Busin	ess	2a.	Mailing Address					4. FEI Number	.L.=		Applied For
21				26					59-3374144			Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required
City & State				City & State					6. Election Campaign Financing		\$5.00	0 May Be
23			28	3					Trust Fund Contribution			d to Fees
Z ip	Country			Zip Country					8. This corporation has liability for a Florida Statutes Yes	ntangibi No		199.032,
24	25 9. Name and Address of Curren		29 nt Regist						10. Name and Address of New R			
						81	Nam€					
POWERS, SHANA L					62 S			Addres	ss (P.O. Box Number is Not Acceptab	le)		
7408 DEL BONITA COURT UNIT 73												,
	rs A FL 3361	7				83						ļ
I CHILL	112 0001	•				84	City			F	85 Zic	o Code
11 Pursuant to	o the provis	ions of Sections 607 050	2 and 60	7 1508, Florida Statute	s the abo	L	named o	corporat	ion submits this statement for the pur	pose of	changing its re	egistered office
or registere	ed agent, or	both, in the State of Flored the obligations of, Sec	ida. Such	i change was authorize	d by the	corp	oration"	s board	of directors. I hereby accept the app	ointment	as registered	. agent. I am
	n, and acco	prine obligations of, oso	COLL CALL	oddd, 7 lollda Glaidida.								
SIGNATURE _	Signature, typed	or printed name of registered agen				d Ager	nt signature	required v	when reinstating)	DATE		
12.	OFFICERS AN		ID DIREC			13.		P/	ADDITIONS/CHANGES TO OFF	ICERS A	ND DIRECTO Change	PRS IN 12 Addition
TITLE				DELÉTE		أمأ أمأ		بندا	are Downson		[] Grigings	E vancou
NAME STREET ADDRESS	JRESS					1.3 STREET ADDRESS 7		740	08 DEL BONITA LT	73		
CITY-ST-ZIP	1						1 - 21P	TA	MPA FL 33617			
TITLE			☐ DELETE		2. 1 TITL			- -			☐ Change	☐ Addition
NAME				22		2 2 NAME						
STREET ADDRESS					235	TREET	ADORESS	:				
CHY-ST-ZIP							ST-ZIP					FT Addition
TITLE				☐ DELETE	1	TITLE					Change	Addition
NAME						IAME Ozore	* *********					
STREET ADDRESS CITY-ST-ZIP							t addres: St-Zip	1				
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NAME	ļ				421	IAME						
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THLE				DELETE		TITLE					Change	Addition
NAME						MAME						
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CITY-\$1-ZIP TITLE				DELETE		6.1 TITLE		+			Change	Addition
NAMÉ	1			E Section		NAME						****
STREET ADDRESS	1						1 ADDRESS	3				
CITY_CT_ZIP							51.7P					

14. I do hereby certify that the information supplied with this filing is voluntarily turnished 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, if changes, or on an attachment with an address.

SIGNATURE:

Chir for S CHLIS POWERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

CR2E034 (12/95)