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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000075429 (7)**

1. Corporation Name
PROPERTIES IN PARADISE, INC.

Principal Place of Business	Mailing Address
12734 KENWOOD LN SUITE 49 FT MYERS FL 33907	12734 KENWOOD LN SUITE 49 FT MYERS FL 33907

3. Date Incorporated or Qualified: 09/27/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2400 Palm Ridge Rd	26 2400 Palm Ridge Rd
Suite, Apt. #, etc. 22 Unit C-6	Suite, Apt. #, etc. 27 Unit C-6
City & State 23 SANIBEL, FL	City & State 28 SANIBEL, FL
Zip 24 33957 Country 25 US	Zip 29 33957 Country 30 US

4. FEI Number: 65-0616582 ☐ 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

WALLACE, GARY F C.P.A
12734 KENWOOD LN
SUITE 49
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name: REVONDA S. CROSS
82 Street Address (P.O. Box Number is Not Acceptable): 14742 Olde Millpond Ct.
83
84 City: Ft. Myers FL 85 Zip Code: 33908

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: Revonda S Cross, Director — 9/31/96
Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when filing) — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D CROSS, REVONDA S ~~456 LONGBOAT CLUB RD~~ 14742 Olde Millpond Ct. ~~LONGBOAT KEY FL 34228~~ Ft. Myers, FL 33908 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D CROSS, C. HASKEL 14742 Olde Millpond Ct ~~12734 KENWOOD LN~~ ~~FT MYERS FL 33907~~ Ft. Myers, FL 33908 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: Revonda S Cross — 9/31/96 — (941) 472-4104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #