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

**CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P95000087792 (4)

PARADISE SYSTEMS GROUP, INCORPORATED

Principal Place of Business Mailino Address

## **FILED** Apr 22 1998 8:00am Secretary of State



P O BOX 631 TAMPA FL 337		P O BOX 631 TAMPA FL 33712				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
2. Principal Place of Business 2a. Mailing Address				•		11/14/1995 4. FEt Number Applied For		
21		26				<b>59-3343974</b> Not Applicable		
Suite, Apt. (	#, etc.	Suite, Apt #, etc.				5 Cortificate of Status Desired \$8.75 Additional		
27				··		Fee Required		
City & State	• 	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24	Country 25	Zip <b>29</b>	Zip Count			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
(47)	g. Name and Address of Curren			Т		10. Name and Address of New Registered Agent		
THO	OMPSON, CARLTON B	<u>*</u>		81	Name			
3001 \$8TH AVE SOUTH #311 ST PETERSBURG FL 33712				82	Street	treet Address (P.O. Box Number is Not Acceptable)		
				63				
				84	City	85 Zip Code		
						FL		
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, typed or printed name of registered age	nt and title if applicable	(NOTE: Register	ed Age	nt signatur	re required when reinstating) DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	0I		ITLE		Orector Tools Change Addition		
NAME	THOMPSON, CARLTON B			IAME		Lowe stephen Todd		
STREET ADDRESS					ADDRESS	7335 Annuist Cant		
CITY-ST-ZIP	ST PETERSBURG FL 33712	NV6		CITY - S	1-ZIP	Change Addition		
TITLE	D ODODECHANIC LEGUE	<b>1</b> 100		ITLE		Change Audition		
NAME	CROOKSHANK, LESLIE	n etc a		IAME	ADDUEDO			
STREET ADDRESS				2.3 STREET ADDRESS 2. 4 City-St-Zip		'		
CITY-ST-ZIP TITLE	OCCANWATER TE	□ DE			1-235	☐ Change ☐ Addition		
NAME		_		IAME				
STREET ADDRESS					ADDRESS	;		
CITY-ST-ZIP				CITY-S				
TITLE		☐ DE				Change Addition		
NAME			4.2	NAME				
STREET ADDRESS			4.3 9	STREET	ADDRESS	;		
CITY-ST-ZIP				CITY-S	1-ZIP			
TITLE		☐ DE	LETE 511	HTLE		Change Addition		
NAME			52 N	IAME				
STREET ADDRESS			535	STREET	ADDRESS	;		
CITY-ST-ZIP				HTY-S	I - ZIP			
TITLE		□ DE	ELETE 611	ITLE		Change Addition		
NAME			62 N	IAME				
STREET ADDRESS	<b>\$</b> 5.		638	TAEET	address	;		
CITY-ST-ZIP			640	HTY-S	r-zip	<u> </u>		

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.