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

2a. Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000090681 (4)

DON A. PARADISO, P.A.

2. Principal Place of Business

Principal Place of Business Mailing Address
5874 DEERFIELD PLACE
LAKE WORTH FL 33463 LAKE WORTH FL 33463

FILED Jan 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualified

11/28/1995 4. FEI Number

21		26			65-0621673		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Co	untry	8. This corporation owes or has paid the	current year lat	tangible
24	25	29	30		Personal Property Tax due June 30.	🔲 Yes 👂	No
	9. Name and Address of Curren	t Registered Agent	.' '	10. Name and Address of New Registered Agent			
PΔ	RADISO, ROSALIE			81 Name	-		
5874 DEERFIELD PLACE				82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
LAKE WORTH FL 33463				oz Sileer Ad	dress (F.O. Box Nothber is Not Acceptable)	-	
5	AL MOMMAR CO-FOO			83			
							~ .
				84 City	F	85 Zip (Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607, 1508. Florida Statu	ites, the a	bove-named co	progration submits this statement for the purpose	e of changing it	ts registered
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorize	d by the corpor	ation's board of directors. I hereby accept the a	appointment as	registered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, F	iorida Sta	tutes.			
SIGNATURE	Signature, typed or printed name of registered age	thic if and interior	TE: Poststor	ad Amand signal usa sag	quired when reinstating) DATE		
12.	OFFICERS AND		13.	o Agent alghatura rec	ADDITIONS/CHANGES TO OFFICERS A		3S IN 12
TITLE	D	DELETE	1.1 T	ITI F	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition
NAME	PARADISO, DON A	—		AME			
STREET ADDRESS	% 5874 DEERFIELD PLACE			TREET ADDRESS			
***************************************	LAKE WORTH FL 33463			ITY-ST-ZIP			
CITY-ST-ZIP TITLE	PST PST	DELETE	2.1 T			Change	Addition
NAME	PARADISO, DON A		2.2 N			—3 -	
	5874 DEERFIELD PLACE			TREET ADDRESS			
STREET ADDRESS					· .		
CITY-ST-ZIP TITLE	LAKE WORTH FL	☐ DELETE	3.1 T	CITY-ST-ZIP		Change	Addition
			3,2 N			C Grange	
NAME							
STREET ADDRESS			- 6	TREET ADDRESS			
CITY-ST-ZIP	(1.10 m) (1.10 m)	DELETE	3,4, t	CITY-ST-ZIP		☐ Change	Addition
TITLE		TT DECESE				onlings	L Addition
NAME				NAME			
Street Address				TREET ADDRESS			
CITY-ST-ZIP		Поссте		ITY-ST-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 T			change	L. Addition
NAME			5.2 N	1			
Street address				TREET ADDRESS			
City - St - ZIP				TTY-ST-ZIP			1 3 1397.
TITLE		☐ DELETE	6.1 T	TTLE		Change	☐ Addition
NAME			6.2 N	AME			
STREET ADDRESS			6.3 S	TREET ADDRESS			
CITY-ST-ZIP			6.4 C	TY-ST-ZIP			
14. I hereby of Indicated	certify that the information supplied wi on this annual report or supplementa	th this filing does not qualify Lannual report is true and ac	for the ex curate an	emption stated i d that my signa	in Section 119.07(3)(i), Florida Statutes. I further ture shall have the same legal effect as if made	certify that the under oath; the	information at I am an

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 suppliemental universeport 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 constraint 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 afactment with an address.

SIGNATURE:

1-3-98 561-968-9099