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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000091878 (5)

PADDLEWHEEL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
247 N COLLIER BLVD	P O BOX 2056
MARCO ISLAND FL 33937	MARCO ISLAND FL 34146-2056

## FILED Feb 25 1997 8:00am Secretary of State



247 N COLLIER BLVD MARCO ISLAND FL 33937				P O BOX 2056 MARCO ISLAND FL 34146-2056										
									3. Date Incorporated or Qual 12/04/1995	lified		e of Last R <b>8/1996</b>	eport	
2. Principal Place of Business			28.	2a. Mailing Address				1	4. FEI Number		L	Ar	plied For	
21			26						65-0624684			No	ot Applicable	
22 Sul1	Suite, Apt #, etc Suite 202			Suite, Apt. #, etc.				5. Certificate of Status Desire	ed	\$8.75 Additional Fee Required				
City & State				City & State					6. Election Campaign Financ	ing		\$5.00	May Be	
23			28					Trust Fund Contribution						
Zip	,_	Country		Zip	Countr			[ [	8. This corporation has liabili	ty for in	tangible t		. 199.032,	
24 3414				29 30					Florida Statutes Yes X No					
		d Address of Curre	ent Regist	ered Agent		81	Mana	1	0. Name and Address of No	w Reg	stered A	gent		
	RRIS, WILLIAM					61	Name							
	247 N COLLIER BLVD				B2 Street Addre			ddress	(P.O. Box Number is Not Acc	eptable	9)			
MAR	ICO ISLAND F	L 33937												
						В3	Suit	te 20	02					
						84	City		<u> </u>			<b>85</b> Zip (	Code	
							•				FL	3/	4145	
<b>11.</b> Pursuant office or ragent La	to the provision registered agent im famil ar with,	s of Sections 607.05 t, or both, in the Stat and accept the obli	502 and 60 te of Florid gations of,	07.1508, Florida Statu la: Such change was , Section 607.0505, F	ites, the authoriz lorida St	above ed by atutes	named of the corpo	corporal oration's	tion submits this statement for s board of directors. I hereby	the pu accept	rpose of o the appo	hanging it intment as	s registered registered	
SIGNATURE														
	Signature Type Toric	noted name of registered a	···				nt signature r	equired w	hen reinstating)		DATE			
12.		OFFICERS A	ND DIREC		13				ADDITIONS/CHANGES TO	OFFICE				
TITLE	D			☐ DELETE	1.1	TITLE					Ĺ	Change	☐ Addition	
NAME	BACON, RO				1.2	NAME								
STREET ADDRESS		LANDING RD			1.3	STREET	ADDRESS							
C/TY+ST+ZIP	CINNAMINS	ON NJ 08077			1,4	CITY-S	T-ZIP							
TITLE				☐ DELETE	2.1	TITLE						Change	☐ Addition	
NAME					2.2	NAME								
STREET ADDRESS					2.3	STREET	address							
CHY - ST - ZIP	2				2.4	CITY-S	it-ziP			;	. 0			
TITLE				☐ DELETE	3.1	TITLE					Ţ	Change	Addition	
NAME					3.2	NAME								
STREET ADDRESS					3.3	STREET	address							
C:TY+ST+ZIP		VII.			3.4.	CITY-S	1-21P							
TITLE				DELETE	4.1	TITLE						Change	Addition	
NAME:					4.2	NAME								
STREET ADDRESS					4.3	STREET	ADDRESS							
CITY - ST - 7IP					4.4	CITY-S	r-ZiP							
THILE				DELETE	*****	TITLE					[	Change	☐ Addition	
NAME					5.2	NAME						-		
STREET ADDRESS					53	STREET	ADDRESS							
CHTY+ST+ZIP					- 1	CITY-5								
TITLE				DELFTE		TITLE						Change	Addition	
NAME				_		NAME					•			
STREET ADDRESS							ADDRESS							
CITY - ST - ZIP														
	by certify that th	e information supp'i	ed with thi	is filing does not qual		CITY-S		ated in !	Section 119.07(3)(i), Florida S	tatutes	Liurther	cortifu that	the	

14. I do horoby 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.

SIGNATURE:

NATURE AND TYPED OF PRINTED MANE OF EIGHING DEFICES OF DIRECT

RG. BACOL

PRES

1-28-9

609-829-2764

Daytime Prione