

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000096068 (8)

1. Corporation Name

PARADISE RESIDENTIAL SERVICES, INC.



Principal Place of Business

Mailing Address

859 TIMBERPOND DRIVE
BRANDON FL 33510

859 TIMBERPOND DRIVE
BRANDON FL 33510

2. Principal Place of Business

2a. Mailing Address

21 Brandon FL.
Suite, Apt. #, etc.

26 859 Timber Pond Dr.
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Brandon FL.

28 Same

24 Zip 33510

Country

25 H. 1135

29 Zip

30 Country

3. Date Incorporated or Qualified

12/15/1995

3a. Date of Last Report

NA

4. FEI Number

59-3253792

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

10. Name and Address of New Registered Agent

PARADISE, JAMES A
859 TIMBERPOND DRIVE
BRANDON FL 33510

81 Name

NA

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7-28-94

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME PARADISE, JAMES A
STREET ADDRESS 859 TIMBERPOND DRIVE
CITY-ST-ZIP BRANDON FL 33510

TITLE D
NAME FERREIRA, DAVID
STREET ADDRESS 3919 CRENSHAW AVENUE
CITY-ST-ZIP TAMPA FL 33614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Paradise (813) 681-3423

CR2E034 (3/96)