

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

FILED
Jun 11 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997

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



DOCUMENT # 1. Corporation Name

PARADISE LANDSCAPE MAINTENANCE, INC

Principal Place of Business Mailing Address
PARADISE LANDSCAPE MAINTENANCE, INC
7110 PINNACLE # C1
FT MYERS FL 33907

3. Date Incorporated or Qualified 2-1-96 3a. Date of Last Report N/A

2. Principal Place of Business 2a. Mailing Address
21 5305 27TH ST SW 26 5305 27TH ST SW
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 LEHIGH ACRES, FL 28 LEHIGH ACRES, FL
Zip Country Zip Country
24 33971 25 FL 29 33971 30 FL

4. FEI Number 65-0642187 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

PENNY S. LUNDEN
6719 WYNLEN #121
FT. MYERS, FL 33919

10. Name and Address of New Registered Agent

81 Name JON C ERIKSON
82 Street Address (P.O. Box Number is Not Acceptable) 5305 27TH ST SW
83
84 City LEHIGH ACRES FL 85 Zip Code 33971

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 registering)

5-6-97

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	15 DELETE
	JON C ERIKSON	5305 27TH ST SW	LEHIGH ACRES, FL 33971	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
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6/11/97

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (9/96)