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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000017665

1. Corporation Name

PARADISE CANVAS, INC.

Principal Plac	ce of Business	Mailing Address		i semisen tin ibite gift annt datit i	entri maraži irais iausia ussia ai	101 0111 1001	
2016 WILSON	STREET	2016 WILSON STREET					
BAY F	FL 00000	BAY F					
HOLLYWOOD	FL 33020	HOLLYWOOD FL 33020		DO NOT WRITE	IN THIS SPACE		
				3. Date Incorporated or Qualifed 02/23/1996			
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Appli	ied For	
21		26		65-0650072	Not A	Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Add	ditional	
22		27		5. Certificate of Status Desired	Fee Requ	ired	
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 м	ay Be	
23		28		Trust Fund Contribution	Added to I	Fees	
Zip	Country	Zip	Country	8. This corporation owes the current			
24	25	29 30		Personal Property Tax.		No	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Reg	istered Agent		
CRC	OWLEY, WALTER W	•	81 Name		•		
CROWLEY, WALTER W 2016 WILSON STREET			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)			
BAY					e Talendo establica de establica d	#+1+ k+	
ľ	LYWOOD FL 33020		83		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
not	LIWOOD FE 33020		84 City		[a] [a]		
			O4 City		FL 85 Zip Coo	ae	
agent. i a	am familiar with, and accept the oblig	ations of, Section 607.0505, Florida	Statutes.	ion's board of directors. I hereby accept the	e appointment as regis	terea	
SIGNATURE		ent and title if applicable. (NOTE: Regis	stored Apost sinceture rousing	and such an amendment of the			
	Signature, typed or printed name of registered ag				DATE		
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS		
12.	Signature, typed or printed name of registered ag OFFICERS A	ND DIRECTORS	13. 1.1 TITLE		ERS AND DIRECTORS	S IN 12	
12. TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A D CROWLEY, WALTER W	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS		
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Feb 17, 1999 8:00am

Secretary of State

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