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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90154 018 \*\*\*150.00

## DOCUMENT # **P96000037340**1. Corporation Name

EUROPE FLORIDA PARADISE REALTY, INC.

Principal Place of Business Mailing Address						1 144					
1601 W MARION AVE #103											
203C PUNTA GORDA FL 33950						DO NOT WRITE IN THIS SPACE					
PUNTA GORDA FL 33950						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed					
US 						04/30/	•				
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Nur			App	ied For	]	
21		26			65-066	8651			Applicable	_	
Suite, Apt. 3	#, etc.	Suite, Apt. #, etc.			5. Certifce t	e of Status Desired	. 📮	\$8.75 A Fee Re			
City & State		City & State			6. Election	Campaign Financing		\$5.00	Mav Be	1	
23		28				nd Contribution		Added to			
Zip	Coun:ry	Zip	Cou	untry		8. This corp	poration owes the cu	rrent year I	ntangible		
24	29	30			Person 3	Property Tax.		Yes	[]No		
	9. Name and Address of Current	Registered Agent		L.,		10. Name a	nd Address of New	Registere	d Agent		4
KUN	IDES IIM			81	Name						
KONIDES, JIM 1601 W MARION AVE #103				82	Street Ad	dress (P.O. Box N	Number is Not Accep	table)			
										-	
1011	TA GORDA FL 33950			83							
				84	City			F	85 Zip C	ode	
44 D	to the provisions of Sections 607.0502	and 607 1609 Elorida Statu	es the s	hove-	named cor	moration submits	this statement for the	e ournose	of changing its	registered	1
Office or re	naistered agent or both in the State (	of Florida, Such change was	authorize	d by ti	ne corporat	tion's board of cir	ectors. I hereby acco	ept the app	ointment as reg	jistered	
agent. ar	m familiar with, and accept the obligat	ions of, Section 607.0505, Fl	orida Stat	tutes.							
SIGNATURE	Signature, typed or printed na ne of registered agen	(NOT	: Besistere	d Agost	nonatura rea	red when reinstating)		DATE			_
12.	OFFICERS AN		13.	u Agoni:	signature rade		NS/CHANGES TO O		ND DIRECTO	F S IN 12	ď
TITLE	D	☐ DELETE	1.1 ∏	ITLE					☐ Change	Addition	] -
NAME	SHOTWELL, BRENDA		1.2 N	AME							2
STREET ADORESS	1601 W MARION AVE #103		1.3 ST		DDRESS						8
CITY-ST-ZIP	UNTA GORDA FL 33950		1.4 C	1.4 CITY-ST-ZIP							1 6
TITLE		☐ DELETE	2.1 T						☐ Change	Addition	ا ر
NAME			22 N	IAME							
STREET ADORE 3S			2.3 !		DDRESS						
CITY-ST-ZIP		2:46		311Y-ST	. ZIP						
TITLE		☐ DELETE	3.1 T	ITLE					☐ Change	☐ Addition	
NAME			3.2 N	AME	ŀ						
STREET ADDRESS			3.3 S	TREET	ODRESS						
CITY-ST-ZIP			3.4. 0	CITY-ST	ZIP						╛
TITLE		☐ DELETE	4.1 T	TLE					Change	Addition Addition	
NAME			4.21	VAME							
STREET ADDRESS			43S	TREET	ODRESS						
CITY-ST-ZIP			4.4 C	ITY-ST-	ZIP						1
TITLE		☐ DELETE	5.1 T	MLE.					Change	Addition	
NAME			52 N	IAME							
STREET ADDRESS			538	TREET	ADDRESS						1
CITY-ST-ZIP	in			ΠY-ST-	ZIP						1
TITLE		☐ DELETÉ	61T	ITLE	T-				Change	☐ Addition	
NAME			6.2 N	IAME							
STREET ADDRESS			6.3 S	TREET	ADDRESS						
CITY-ST-ZIP			6.4 C	ITY-ST-	ZiP						

14. I heret y certify that the informa ion 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 or derivation 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 attactment with an address, with all other like empowered.