DOCUMENT # P96000044001 1. Entity Name PRAPADISE PROPERTIES ENTERPRISE CORP. Making Address 1305 HILL AVENUE 2. Principal Place of Business 3. Making Address 1305 HILL AVENUE 3. Suite Apr x vio 100		ANNUAL R	EPORT (AR		UN		TENOR THE P)	
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ANNIGONIA PARK FL 33407 In principal Places of Business Suits, Apt. 4, etc. Suits, Apt. 4,	Principal Plac	e of Business	Mailing Address			1	MAR	- 9 2004	
Suits, Apr. F. etc. City & State Country A. FEI Number 65-0670048 And Country And Country And Country FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code And Fill Address of New Registered Agent FLE Now!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State PACK, GEORGE S. SIGNATURE AND FILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State ACC Country AND Make Application Company financing Base plantered define or registered agent, or both, in the State of Florids. I am familiar with, and accept the original financing Base plantered agent, or both, in the State of Florids. I am familiar with, and accept the original financing Base plantered agent, or both, in the State of Florids. I am familiar with, and accept the original financing Base plantered agent, or both, in the State of Florids. I am familiar with, and accept the original financing Base plantered agent, or both, in the State of Florids. I am familiar with, and accept the original financing Base plantered agent, or both, in the State of Florids. I am familiar with, and accept the plantered agent, or both, in the State of Florids. I am familiar with, and accept the plantered agent, or both, in the State of Florids. I am familiar with, and accept the plantered agent, or both, in the State of Florids. I am familiar with, and accept the plantered agent, or both, in the State of Florids. I am familiar with, and accept the plantered agent. B. The Book or both in the State of Florids. I am famil							BY:	034	
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Name and Address of Current Registered Agent	City & State		City & State		4. FE	65-0670048	 		
HACK, GEORGE S 1305 HILL AVENUE Sireet Address (P.O. Box Number is Not Acceptable)	Zip	Country	ountry Zip Cour		ιτγ	5. Ce	ertificate of Status Desired		
HACK, GEORGE SI 1305 HILL AVENUE MANUSONIA PARK FL 33407 6. The above named entity submits this sistement for the purpose of changing its registative office or registered agent, or both, in the State of Florids. I am familiar with, and accept the fire of the purpose of changing its registative office or registered agent, or both, in the State of Florids. I am familiar with, and accept the fire of the purpose of changing its registative of office or registered agent, or both, in the State of Florids. I am familiar with, and accept the fire of the purpose of changing its registative of office or registered agent, or both, in the State of Florids. I am familiar with, and accept the fire of the purpose of changing its registative of office or registered agent, or both, in the State of Florids. I am familiar with, and accept the fire of the familiar with, and accept with the State of Florids. I am familiar with, and accept with the St	6. Name and Address of Current Registered Agent				Norma	7. Na	ame and Address of New Registered	l Agent	
NAME	HACK, GEORGE S								
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Compare Present agent Present age									
SIGNATURE					City		F	Zip Code	3
			it the purpose of changing its	register	ed office or registe	red age	nt, or both, in the State of Florida. Lar	n familiar with,	and accept
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		certify that the information supplied with	this filing does not qualify fo			ection 1	19.07(3)(i). Florida Statutes. I further o	ertify that the in	nformation

Indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 10 or Block 11 if changed, or on an attachment with an address with all other the empowered.

[GNATURE:

SIGNATURE:

SIGNATURE AND THEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #