

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

FILED

Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000044173 (8)

1. Corporation Name

PARADISE POPCORN, INC.

Principal Place of Business

5401 S KIRKMAN ROAD STE 500
ORLANDO FL 32819

Mailing Address

5401 S KIRKMAN ROAD STE 500
ORLANDO FL 32819-7911



3. Date Incorporated or Qualified

05/23/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 701 Kenilworth Circle

26 P.O. 952153

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #103

27

City & State

City & State

23 Heathrow, Fla.

28 Lake Mary, Fla.

Zip

Country

Zip

Country

24 32746

25 Seminole

29 32795-2153

30 Seminole

9. Name and Address of Current Registered Agent

LAVIGNE, JAMES R
5401 S KIRKMAN ROAD STE 500
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name

Debbie Arrigal Watkins

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

701 Kenilworth Circle, #103

83

84 City

Heathrow

FL

85 Zip Code

32746

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

X D Arrigal-Watkins

1/24/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ARRIGAL-WATKINS, MARTYN
STREET ADDRESS CERDIN HOUS MAESTAG MID-GLAMORGAN
CITY-ST-ZIP SOUTH WALES CF34 9HE UK

TITLE D ☐ DELETE

NAME ARRIGAL-WATKINS, DEBBIE
STREET ADDRESS CERDIN HOUS MAESTAG MID-GLAMORGAN
CITY-ST-ZIP SOUTH WALES CF34 9HE UK

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D Arrigal-Watkins, Martyn
1.3 STREET ADDRESS 701 Kenilworth Circle, #103
1.4 CITY-ST-ZIP Heathrow, Fla. 32746

2.1 TITLE D ☐ Change ☐ Addition

2.2 NAME D Arrigal-Watkins, Debbie
2.3 STREET ADDRESS 701 Kenilworth Circle, #103
2.4 CITY-ST-ZIP Heathrow, Fla. 32746

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: X D Arrigal-Watkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97 (407) 767-0100

Date

Daytime Phone #

CR2E034 (9/96)