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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000044173 (8)

PARADISE POPCORN, INC.

FILED Apr 23 1998 8:00am Secretary of State

701 KENILWORTH CIR STE 103 HEATHROW FL 32746		PO BOX 952153 LAKE MARY FL 32795-2153 US			
				DO NOT WRITE IN THIS SPACE	
U\$				3. Date Incorporated or Qualified	
		La Maria Addition		05/23/1996	1 1 1 5 1 5 1
	NORTH COUNTY RD 427	2a. Mailing Address		4, FEI Number	Applied For
21 // 8 O Sulte, Apt. 4		Suite, Apt. #, etc.		59-3381085	Not Applicable \$8.75 Additional
	#, e tc.	├ ──ๆ		5. Certificate of Status Desired	Fee Required
22 City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
	GNOOD FL.	28		1 rust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cur	
M 3275	,	29	30		Yes No
	9. Name and Address of Current I	L		10. Name and Address of New Registered	Agent
WATKINS, DEBBIE ARRIGAL			81 Name		
701 KENILWORTH CIR, #103			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
	THROW FL 32748		51 Street Adi	dress (P.O. Box Number is Not Acceptable)	
	MINIOTI I L OLI TO		83		
					1-1
			84 City	FL	85 Zip Code
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the above-named co	progration submits this statement for the nurrose of	changing its registered
office or registered agent, or both, in the State of Fiorida. 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, typod or printed name of registered agent a	and tire if applicable (NO1	f Registered Agent signature req	guired when reinstating) DATE	
12.	OFFICERS AND I	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	Ď	DELETE	1.1 DILE		☐ Change ☐ Addition
NAME	ARRIGAL-WATKINS, MARTYN		1.2 NAME		
STREET ADDRESS	701 KENILWORTH CIR. #103		1.3 STREET ADDRESS		
CITY-ST-ZIP	HEATHROW FL		1.4 CITY- ST - ZIP		
TITLE	Ď	DELETE	2.1 TITLE		Change Addition
NAME	ARRIGAL-WATKINS, DEBBIE		2.2 NAME		
STREET ADDRESS	701 KENILWORTH CIR #103		2.3 STREET ADDRESS		
CITY-ST-ZIP	HEATHROW FL		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City-St-ZiP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			6.4 City-St-ZIP		
CITY-ST-ZIP	ertify that the information supplied with	this filing does not qualify f	or the exemption stated	in Section 119.07(3)(i), Florida Statutes. I further ce	ertify 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 change it, or on an attachment with an address.					