


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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000049296 (2)

1. Corporation Name
PARADISE LAKES RESORT INCORPORATED

Principal Place of Business 2802 PARADISE LAKES RD VERNON FL 32462	Mailing Address 2802 PARADISE LAKES RD VERNON FL 32462
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2. Principal Place of Business 21 2802 Paradise Lakes Rd Suite, Apt #, etc.		2a. Mailing Address 26 P.O. Box 525 Suite, Apt #, etc.		3. Date Incorporated or Qualified 06/10/1996	3a. Date of Last Report
22 City & State Chipley, Fl		27 City & State Vernon, Fl		4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
23 Zip 32428		28 Zip 32462		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Country US		30 Country US		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent PARNELL, TOM L 3800 NEW JERUSALEM RD VERNON FL 32462		10. Name and Address of New Registered Agent 81 Name GARRETT, GUY D. II 82 Street Address (P.O. Box Number is Not Acceptable) 2802 Paradise Lakes Rd. 83 84 City Chipley FL 85 Zip Code 32428	
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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 *Guy D. Garrett II* **Guy D. Garrett II** **April 23, 1997**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PARNELL, TOM L		1.2 NAME GARRETT, GUY D. II	
STREET ADDRESS 3800 NEW JERUSALEM RD		1.3 STREET ADDRESS 2802 Paradise Lakes Rd.	
CITY-ST-ZIP VERNON FL 32462		1.4 CITY-ST-ZIP Chipley, Fl 32428	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME PARNELL, TOM L.	
STREET ADDRESS		2.3 STREET ADDRESS 3700 New Jerusalem Rd.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Vernon, Fl 32462	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Guy D. Garrett II* **Guy D. Garrett II** **April 23, 1997**
(NOTE: Registered Agent signature required when reinstating)

CR2E034 (9/96)

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