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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600055647 (7)

1	orporation Name PARADISE PE	TROLEUM NO. 10	12, INC.				
Principal Place of Business Mailing Address							
7006 PALMETTO CIRCLE 12693 TORBAY DRIVE							
BOCA RATON FL BOCA RATON FL 33428						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						06/27/1996	
2, Principal Place of Business			2a. Mailing Address			4. FEI Number Applied For	r
21		26			APPLIED FOR 65-0744789 Not Applica		
Suite, Apt. #, etc.			Suile, Apt. #, etc.			5. Certificate of Status Desired See Required	ı
City & State			City & State			6. Election Campaign Financing \$5.00 May Be	
23			28			Trust Fund Contribution Added to Fees	
Zij	D			Count	У	8. This corporation owes or has paid the current year Intangible	
24	25 29			30			
9, Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered Agent	
1		SHAHADAT M. AVENIJE		L	<u> </u>		
602 8 PALM AVENUE FT PIERCE FL 33492				8:	2 Street A	Address (P.O. Box Number is Not Acceptable)	
7711271021200102			8:	3			
			84	City	■■ 85 Zip Code		
					,	<b> -L_    </b>	
11. 6	<b>furs</b> uant to the profifice or registered	ovisions of Sections 607. Lagent, or both, in the St	0502 and 607.1508, Flori <b>da Sta</b> tuti tale of Florida. Such cha <b>nge wa</b> s a	es, the abou authorized b	ve-named o by the corp	corporation submits this statement for the purpose of changing its register poration's board of directors. I hereby accept the appointment as registere	red id
	•	r with, and accept the ob	otigations of, Section 607.0505, Flo	orida Statute	98.		
SIGN	ATURE	yped or printed name of registeris	Lagent and title if applicable (NOT)	· Rogistered A	gent signature	e required when reinstating) DATE	_
12.		OFFICERS	AND DIRECTORS	13. 11 TiTLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	D FATILIA				Change Addi	ition
1		D, FATIMA Palmetto circle	1.2		T ADORESS		
		A RATON FL	The state of the s		ST-ZIP		
TITLE VP			DELETE 2.1			Change Addi	ition
NAME HOSSAIN		SAIN, SHAHADAT		2.2 NAME			
STREET ADDRESS 602B PALM AVENU			2.3 STREET ADDR		T ADDRESS		
<del></del>		PIERCE FL 34982			- ST - ZIP		ist a a
TITLE	NAME		L_] DELETE	3.1 TITLE		Change Addi	ווטוז
STREET ADDRESS				8.2 NAME	1 ADDRESS		
1	CITY-ST-ZIP			3.4. CITY	1		
TITLE			☐ DELETE			☐ Change ☐ Addi	ition
NAME				4 2 NAMI	:		
STREET			4.3 STREE	T ADDRESS			
CITY-S			4.4 CITY -		Change Addi	ition	
TITLE . NAME			☐ DETEIE	5.1 TITLE 5.2 NAME		Change Adoi	LIUII
l	ADDRESS				T ADDRESS		
1	CITY-ST-ZIP		54 City-ST-ZIP				
TITLE				6.1 TITLE		☐ Change ☐ Addi	tion
NAME				6.2 NAME			İ
STREET	ADDRESS			6.3 STREE	T ADDRESS		

14. Thereby 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 path; 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.

FILED
May 14 1998 8:00am
Secretary of State