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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600062847 (4)

PARADISE LAND & DEVELOPMENT CORP.

Principal Place of Husiness 1015 36TH COURT VERO BEACH FL 32860		Mailing Address 1015 36TH COURT VERO BEACH FL 32980-4083				
				3. Date Incorporated or Qualified 3 07/26/1996	a. Date of Last Report	
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number 65-0684037	Applied For Not Applicable	
Suite, Apt	#. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζη: 24	Country 25	Zip	"Country	This corporation has liability for intal Florida Statutes	ngible tay under s. 199.032,	
=11	9. Name and Address of Curre	_ ,,L,L_,		10. Name and Address of New Regist	lered Agent	
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134			81 Name 82 Street A 83	dress (P.O. Box Number is Not Acceptable)		
			84 City Ve	cro Beach corporation submits this statement for the purp	FL 85 Zip Code 32960	
office or r	egistered agent, or both, in the Stat in familiar with, and accept the oblic	e of Florida Such change w gations of, Section 607.0505 (Linda D. Pell	as authorized by the corpo , Florida Statules.	oration's board of directors. I hereby accept th		
12.	OFFICERS AT	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12	
TiffEF	PTD	☐ DELETE	1.1 YITLE		Change Addition	
NAME	PELL, LINDA D		1.2 NAME			
STREET ADDRESS	1015 36TH COURT		1 3 STREET ADDRESS			
C(1) - S1 - 2)P	VERO BEACH FL 32960		1.4 CITY-ST-ZIP			
THEF	VSD	DELETE	2.1 TITLE		Change Addition	
NAME	BAILEY, LEE B		2.2 NAME			
STREET ACTIRESS	1015 36TH COURT		2.3 STREET ADDRESS			
CHY-ST ZIP	VERO BEACH FL 32960		2.4 CITY-\$1-2IP			
3016		DELETE	3.1 TITLE		L.] Change L. Addition	
NAVi			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CHV+51+ZiP			34. CITY-ST-ZIP	- · · · · · · · · · · · · · · · · · · ·		
THT.F		DELETE	4.1 TITLE		L.] Change L.] Addition	
NAM:	}		4.2 NAME		}	
STREET ADDRESS			4.3 STREET ADDRESS			
C-TY-ST-ZiP		T prise	4.4 CITY-ST-ZIP			
TETLE	}	DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET AFFIRESS			5.3 STREET ADDRESS		,	
011y - \$1 - 20°		T AFI FYE	5.4 CITY-ST-ZIP		[] (See [] (1.100)	
T:TLF		☐ DELETE	6.1 TITLE		Change Addition	
NAME	}		62 NAME		ļ	
STREET ADDRESS.			6.3 STREET ADDRESS			

6 4 CITY-ST-ZIP

SIGNATURE:

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 amoual 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

FILED

Apr 23 1997 8:00am

Secretary of State