

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

98 FEB -6 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PU0000092823
SES Paradise, Inc.,
DBA Darlene's Beach Variety

Principal Place of Business

Mailing Address

1139 Estero Blvd.
Unit #101
Ft. Myers Beach, FL 33931-2627

3. Date Incorporated or Qualified

3a. Date of Last Report

11-8-96

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Simkins, Darlene A
1139 Estero Blvd. #101
Ft. Myers Beach, FL 33931

81 Name

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

83

84 City

FL

85

Zip Code

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

Darlene Augusta Simkins Darlene Augusta Simkins

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

(NOTE: Registered Agent Signature required when restoring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Simkins, Michael P.
5130 Williams Dr.
Ft. Myers Beach, FL 33931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Simkins, Darlene A.
5130 Williams Dr.
Ft. Myers Beach, FL 33931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
400002429244--9
-02/12/98--01094--002
****150.00 ****150.00

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
400002429244--9
-02/12/98--01094--003
****165.00 ****165.00

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

SL 2-6-98

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 any attachment with an address

SIGNATURE:

Darlene Augusta Simkins

12/20/97 941-463-9492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

(2)

Florida Dept of State

Dear Sir

Per our phone conversation we never received the corporations forms. In some reason the Post office returned the forms back to your office. Your records show unable to deliver that information is in your computer.

Please excuse this latest.
Please restate this account per our phone conversation.

Thank You.
Darlene Simkins

Also spoken with Postmaster on 1-13-98. He statement was there was an error with the deliver so please keep us not to paid the additional fees.