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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000095756 (8)

1. Corporation Name
PARADISE SHOW & DESIGN, INC.



Principal Place of Business Mailing Address
4210 L.B. MCLEOD ROAD 4210 L.B. MCLEOD ROAD
SUITE 106 SUITE 106
ORLANDO FL 32811 ORLANDO FL 32811-5682

3. Date Incorporated or Qualified 11/22/1996 3a. Date of Last Report
4. FEI Number 59-3420857 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
EPSTEIN, LAWRENCE M
4210 L.B. MCLEOD ROAD
SUITE 106
ORLANDO FL 32811

10. Name and Address of New Registered Agent
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 understand, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] DATE: 2/2/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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, trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as changed, on an attachment with an address.

SIGNATURE: [Signature] DATE: 2/7/97 407/649-7220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)