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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000101262

FILED Feb 18, 1999 8:00am Secretary of State

02-18-1999 90120 050 ***150.00

PARADISE PARK HOLDING CORP.										
i										
Principal Plac	ce of Business	Mailing Address			7.		1881 110 10110 01111 08 111 0		K eala n ki j ig ik t i	6 01110 1101 1 11 1
7225 N.W. 25TH STREET 7225 N.W. 25TH STREET										
SUITE 110 SUITE 110									· ·	
MIAMI FL 3312	22	MIAMI FL 33122					DO NOT WR		S SPACE	
							rporated or Qualifed			
2. Principal F	Place of Business	2a. Mailing Address	 -			12/16/1 4. FEI Numb				n (c
21		26				65-0717			<u> </u>	ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			-	03 07 17	910			Additional
22		27				5. Certifcate	of Status Desired			equired
City & Sta	ite	City & State				6. Election C	ampaign Financing			May Be
23		28					d Contribution	<i>(</i> □		to Fees
Zip	Country	Zip	Cour	ntry		8. This corpo	ration owes the curr	rent year In	tangible	
24	25	29	30			Personal I	Property Tax.		☐ Yes	□No
<u> </u>	9. Name and Address of Curre	ent Registered Agent				10. Name and	d Address of New I	Registered	Agent	
SIM!	ON, GARY P ESQUIRE			81	Name					
	0 S. DADELAND BLVD.		-	82	Street Addre	ess (P.O. Box Nu	mber is Not Accepta	able)		
	TE 504					`			· :	
	MI FL 33122			83						
17117-4	11111 1 2 00122		ŀ	84	City			·	85 Zip (Code
					<u>, </u>			FL	_	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State	602 and 607.1508, Florida Statu e of Florida. Such change was a	tes, the ab outhorized	bv th	-named corpo he comoration	pration submits the	is statement for the	purpose of	changing its	registered
agent La	am familiar with, and accept the oblig	-44 C4 CO7 OFOF FI		~,		i o board or direc	nois. Thereby accep	vr mia abbėi	miniment as re-	gistered
agont. 1 a	The state of the s	jations of, Section 607.0505, Fig	onda Statu	ıtes.	,	•	3			
SIGNATURE		allions or, Section 607.0505, Fig	inda Statu	ites.		, 	2			
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	: Registered	ites.	signature required			DATE		
	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE ND DIRECTORS	Registered /	Agent :			/CHANGES TO OF	-		
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ag OFFICERS AI	ent and title if applicable. (NOTE	Registered A	Agent :			/CHANGES TO OF	-	ND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI D GRÖNDIN, M.A.	ent and title if applicable. (NOTE ND DIRECTORS	Registered / 13. 1.1 TITL	Agent :	signature required		; /CHANGES TO OF	-		
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI D GRONDIN, M.A. 7225 N.W. 25TH STREET, SU	ent and title if applicable. (NOTE ND DIRECTORS	: Registered // 13. 1.1 TITL 1.2 NAM	Agent : LE ME	signature required		; ;/CHANGES TO OF	-		
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS A D GRONDIN, M.A. 7225 N.W. 25TH STREET, SUI MIAMI FL 33122	ent and title if applicable (NOTE ND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT	Agent : LE ME REET A	signature required		; :/CHANGES TO OF	-	☐ Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AI D GRONDIN, M.A. 7225 N.W. 25TH STREET, SUI MIAMI FL 33122 D	ent and title if applicable. (NOTE ND DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT	Agent : LE ME REET A Y-ST-:	signature required		/CHANGES TO OF	-		
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI D GRONDIN, M.A. 7225 N.W. 25TH STREET, SUI MIAMI FL 33122 D GRONDIN, G.E.	ent and title if applicable (NOTE ND DIRECTORS DELETE ITE 110 DELETE	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA	Agent : Agent : ME REET A Y-ST-: LE	signature required		; /CHANGES TO OF	-	☐ Change	Addition
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14. I 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, with all-other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Inagg.

Daytime Phone #

22F034 (11/98)