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US 1/28/93

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000103051**

1. Corporation Name
PARADISE S.T. (USA) INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% DOLLY COHAN. WAYNE M. LEVINE LAW OFFICE **% DOLLY COHAN. WAYNE M. LEVINE LAW OFFICE**
777 LANTANA ROAD **777 LANTANA ROAD**
LANTANA FL 33462 **LANTANA FL 33462**

3. Date Incorporated or Qualified
01/01/1997

4. FEI Number Applied For
65-0717272 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
11810 ROSEHOUNT DRIVE **11810 ROSEHOUNT DRIVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

23 City & State 28 City & State
FORTHMYERS FL **FORT MYERS FL**

24 Zip 25 Country 29 Zip 30 Country
33913 **USA** **33913** **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHAN, DOLLY
% WAYNE M. LEVINE LAW OFFICE
777 LANTANA ROAD
LANTANA FL 33462

81 Name **PENNY A. HOOK**

82 Street Address (P.O. Box Number is Not Acceptable)
% COLUMBIA REALTY GROUP INC.

83 **19850 BRECKENRIDGE DRIVE, SUITE A**

84 City **ESTERO** 85 Zip Code **FL 33928**

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 *Penny A. Hook* **Penny A. Hook** **2-5-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D <input type="checkbox"/> DELETE
NAME	SPOGLER, DIETRICH
STREET ADDRESS	AM BAHNHOF 20
CITY-ST-ZIP	39054 KLOBENSTEIN (BZ), ITALY
TITLE	D <input type="checkbox"/> DELETE
NAME	SPOGLER, VALERIA
STREET ADDRESS	AM BAHNHOF 20
CITY-ST-ZIP	39054 KLOBENSTEIN (BZ), ITALY
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	D, P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DIETRICH SPOGLER
1.3 STREET ADDRESS	11810 ROSEHOUNT DRIVE
1.4 CITY-ST-ZIP	FORTHMYERS FL 33913
2.1 TITLE	D, V/P, S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VALERIA SPOGLER
2.3 STREET ADDRESS	11810 ROSEHOUNT DRIVE
2.4 CITY-ST-ZIP	FORT MYERS FL 33913
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Valeria Spogler* **VALERIA SPOGLER** **2.28.1999** **941-561-7904**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)