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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P 97 - 00000 9676 Paradise View Estates, INC.

3009 SOUTH EAST HAWTHORNE ROAD, OFFICE GAINESVILLE FL 32841

Lete: William Gordon

**FILED** Jun 02 1998 8:00am Secretary of State

	•		
Principal Place of Business	Mailing Address		
3008 SOUTH EAST HAWTHORNE ROAD, OFFICE GAINESVILLE FL 32641	3009 SOUTH EAST HAWTHORNE ROAD. OFFICE GAINESVILLE FL 32641	DO NOT WRITE IN THIS SPACE	
		3. Date Incorporated or Qualified  0 2/0 4/9 7	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
13009 SE Hanthorne Ad	26 L SAME	59-3510690	Not Applicable
Suite. Apt. #. etc	Suite, Apt. #. etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State  Gai Nesville Fla	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
219 264/ 25 USA	Z p Country 30	, e.ee	Yes ANO
9. Name and Address of Current	Registered Agent	10. Name and Address of New Registered	Agent

Melrase City Gainesuille 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

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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	David Candell DAVID CAMP	1 1. (7/2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2			
Signature ryped or printed out Autries granted and print tipe case in NOTE Registered Agent signature required when reinstatung)  OATE					
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P DELETE	1.1 TITLE	Change Addition		
NAME	CAMPBELL, DAVID	1.2 NAME			
STREET ADDRESS	3009 SOUTH EAST HAWTHORNE ROAD, OFFICE	1.3 STREET ADDRESS			
CITY - ST - ZIP	GAINESVILLE FL 32841	1.4 City-St-Zie			
TITLE	□ DELETE	2.1 TITLE	Change Addition		
NAME )		2.2 NAME			
STREET ADDRESS	•	2.3 STREET ADDRESS			
CITY - ST - ZIP		2.4 CITY+ST-ZIP			
TITLE	DELETE	3.1 TITLE	Change Addition		
NAME		3.2 NAME			
STREET ADDRESS		3 3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE	Change Addition		
NAME	•	4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY - ST - ZiP		4.4 CITY - ST - ZIP			
TITLE	DELETE	5.1 TITLE	Change Addition		
NAME		5.2 NAME	900002546815		
STREET ADDRESS		5.3 STREET ADDRESS	900002546819 -06/04/9801004001		
CITY-ST-ZIP		5.4 CITY - ST - ZIP	***15U.UU		
TITLE	DELETE	6 1 TITLE	Change Addition		
NAME		6.2 NAME	\\forall \lambda \\ \forall \forall \\ \forall \forall \\ \forall \forall \\ \forall \forall \forall \forall \\ \forall \for		
E20551 4000500			11.19		

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.

le Pro DAVIA CAMPBE (1 Presidt 4/30/98