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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1**9**98 DOCUMENT # 1. Corporation Name

P97000015Ö11 (4)

PARADISE CONSIGNMENT, INC.

Principal Place of Business

Mailing Address

FILED Jul 07 1998 8:00am Secretary of State



22972 OVERSEAS HIGHWAY SLIFTE 4 CLIDLOE KEY FL 33042		22972 OVERSEAS HIGHV CUDJOE KEY FL 33042	VAY. SUITE 4	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified 02/17/1997		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 3178	OVERSCAS HWY	26 3 78 OUE	rscas Hwy	65-0744561	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State			r L	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 33C	140 25 Country		Country 30 USA	This corporation owes or has paid the c Personal Property Tax due June 30.	☐ Yes ☐ No	
	9, Name and Address of Curren	t Registered Agent	B1 Name	10. Name and Address of New Registered	1 Agent	
	RSKINE, LARRY R ESQ.		Name			
	9872 Overseas Hwy, Suite 1 IG Pine Key Fl 33043		82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
			83			
·			84 City	Fi	85 Zip Code	
11 Pursuant	to the provisions of Sections 607.0503	2 and 607 1508. Florida Statutes	the above-named co		-	
office or re	egistered agent, or both, in the State m familiar with, and accopt the obliga	of Florida, Such change was au stigus of Section 607 0506, Flori	thorized by the corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	ppointment as registered	
•	m at the will, and avecyn at orange	The rest of the state of the st	ou characos.			
SIGNATURE	Signature, type://or printed name of imputered age:		Registered Agent signature rec	gured when reinstaling) DATE		
12.	OFFICERS AND	-	13.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	DP	☐ DELETE	1.1 TALE		Change Addition	
NAME	DISANTO, SHEILA		1.2 NAME			
STREET ADDRESS	16960 DRIFTWOOD LANE	••	1.3 STREET ADDRESS			
CITY-ST-ZIP	SUMMERLAND KEY FL 3304		1.4 CITY-ST-ZIP			
TITLE	DVST DIGUADO	☐ DELETE	2.1 TITLE		Change Addition	
NAME	DISANTO, RICHARD		2.2 NAME			
STREET ADDRESS	16960 DRIFTWOOD LANE	10	2 3 STREET ADDRESS			
CITY-ST-ZIP	SUMMERLAND KEY FL 3304	DELETE	2. 4 C/TY - ST - Z/P		Change Addition	
TITLE		ריי מנונונ	3.1 TITLE		Li Change Li Audillon	
NAME CTOSET ADDRESS			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition	
NAME		C) pertie	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		<u> </u>	5.2 NAME		<u> </u>	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - S1 - 2IP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME	7000025824	07 1/2	
STREET ADDRESS			6.3 STREET ADDRESS	7000025824 -07/08/98010140	22) , ,)	
CITY, ST. 7IP			6.4 CITY - ST. 7/P	***150.00	- 7 J. (

14. Thereby 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 of supplemental annual report is true and accurate and that my signature shall have the same logal 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.

745-1106