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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000032874 (4)

PARADISE PRODUCTS & PUBLISHING CO. INC.

FILED May 08 1998 8:00 am Secretary of State



Principal Place	of Business	Mailing Address			DHA BBAR BBAR HAND ALBON ADAM ADAM DADA JARA
ORLANDO FL		3219 TIMUCCA CIRCLE ORLANDO FL 32837			
					RITE IN THIS SPACE
				3. Date Incorporated or Qualific	ed
				04/10/1997	
	ace of Business Evidder Circle	2a. Mailing Address	er Circle	4. FEI Number	Applied For
21 3/14 Suite, Apt.		26 3114 /CVddt	Y CHEIL	081251222	60 75
22	#, 0 10.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Cilv & State		6. Election Campaign Financin	
23 - Or la	endo Santord, FL	28 Sanford, 1	FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		s paid the current year Intangible
24 327	73 25 USA	29 32773 3	10 USA	Personal Property Tax due J	~ ~
	9. Name and Address of Current	Registered Agent		10. Name and Address of New	Registered Agent
SIMMONS, SUSAN BI Name Debra Ann Salter					
3219 TIMUCCA CIRCLE			82 Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32837				3114 Rudder Circ	<u>ke</u>
	1		83		Ţ
			84 City	- ()	85 Zip Code
				santord	- FL 3,773
11. Pursuant t	o the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607.1508, Florida Statutes I Florida, Such change was au	s, the above-named thorized by the corr	corporation submits this statement for to poration's board of directors. I hereby ac	ne purpose of changing its registered ccept the appointment as registered
		ons of, Section 607.0505, Flori	da Statutes.		1. 14.
SIGNATURE '	Detras Satt	ኤ	Debra A	Inn Salter	4 124 198
12.	Signature Typed or printed name of requirement against OFFICE HS AND		Registered Agent signature	· · · · · · · · · · · · · · · · · · ·	FFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	<u></u>	Change Addition
NAME	SIMMONS, SUSAN		1.2 NAME	Debra Ann Salter 3114 Budder Circle Sanford, FL 3.	
STREET ADDRESS	3219 TIMUCUA CIRCLE		1.3 STREET ADDRESS	2114 Pudder Circle	<u>'</u>
CITY-ST-ZIP	ORLANDO FL 32837		1.4 CITY - ST - ZIP	Sanford El 3	シンフス
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME	1	ſ
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	_		2. 4 CITY-ST-ZIP		j
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		ì
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		······································	3.4. CITY - ST - ZIP		
TITLE		☐ DELET e	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		ļ
CITY-ST-ZIP		OFFICE -	4.4 CITY - ST - ZIP		Observe Laboratoria
TITLE		LJ DELETE ▼	5.1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		Į
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	6.4 CITY - ST - ZIP		Change Addition
TIFLE		U DELEGIE	6.1 TITLE		Change C Acceptor 1
NAME CZDCET ADDDEGO			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
14 I hereby co	ertify that the information supplied will	this filing does not qualify for	6.4 CITY-ST-ZIP	ed in Section 119.07(3)(i), Florida Statute	s I further certify that the information
Indicated of	on this annual report or supplemental a	annual report is true and accur	ate and that my sig	nature shall have the same legal effect a	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 ill changed or on an attachpion with an address.					

SIGNATURE: A

Ashar An Salfac

4/24/98

(4m) 321-4344