

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90077 020 ***150.00

DOCUMENT # P97000043340

1. Corporation Name
PARAVENTURE, INC.



Principal Place of Business

12912 DUPONT CIRCLE
TAMPA FL 33626

2801 SPANISH OAK COURT
CLEARWATER FL 33761

Mailing Address

12912 DUPONT CIRCLE
TAMPA FL 33626

P.O. Box 88
OLDSMA FL 34677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1997

4. FEI Number

APPLIED FOR

Applied For
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

21

Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

CUNNINGHAM, MICHELLE
12912 DUPONT CIRCLE
TAMPA FL 33626

10. Name and Address of New Registered Agent

81 Name Michele Cunningham

82 Street Address (P.O. Box Number is Not Acceptable)

2801 SPANISH OAK COURT

83

84 City Clearwater

FL

85 Zip Code 33761

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 *Michele Cunningham* VP

(NOTE: Registered Agent signature required when reinstating)

DATE

April 30 1999

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME P
STREET ADDRESS CUNNINGHAM, SCOTT
CITY-ST-ZIP 12912 DUPONT CIRCLE
TAMPA FL 33626

TITLE ☐ DELETE
NAME VPS
STREET ADDRESS CUNNINGHAM, MICHELE
CITY-ST-ZIP 12912 DUPONT CIRCLE
TAMPA FL 33626

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME P
1.3 STREET ADDRESS Cunningham Scott
1.4 CITY-ST-ZIP 2801 SPANISH OAK CT
Clearwater FL 33761

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME VPS
2.3 STREET ADDRESS Cunningham Michele
2.4 CITY-ST-ZIP 2801 SPANISH OAK CT
Clearwater FL 33761

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: *Scott Cunningham* President

4-30-99

727-785-3335

CR2E034 (11/98)