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FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000045191 (8) 1. Corporation Name PARADISE INVESTMENTS OF PINELLAS INC.			
Principal Place of Business 4739 CENTRAL AVE ST PETERSBURG FL 33713		Mailing Address 4739 CENTRAL AVE ST PETERSBURG FL 33713	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
g. Name and Address of Current Registered Agent TROUP, DAVID L 4739 CENTRAL AVE ST PETERSBURG FL 33713		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE _____ NAME D TROUP, DAVID L STREET ADDRESS 4739 CENTRAL AVE CITY - ST - ZIP ST PETERSBURG FL 33713		1.1 TITLE _____ 1.2 NAME _____ 1.3 STREET ADDRESS _____ 1.4 CITY - ST - ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____		2.1 TITLE _____ 2.2 NAME _____ 2.3 STREET ADDRESS _____ 2.4 CITY - ST - ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____		3.1 TITLE _____ 3.2 NAME _____ 3.3 STREET ADDRESS _____ 3.4 CITY - ST - ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____		4.1 TITLE _____ 4.2 NAME _____ 4.3 STREET ADDRESS _____ 4.4 CITY - ST - ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____		5.1 TITLE _____ 5.2 NAME _____ 5.3 STREET ADDRESS _____ 5.4 CITY - ST - ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____		6.1 TITLE _____ 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 changes or on an attachment with an address.			
SIGNATURE: David L. Troup		4-1-98 813-321-3246	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/19/1997	
4. FEI Number 59-3446425	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent

CR2E034 (10/97)