**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000045191

PARADIS	E INVESTMENTS OF PIN	ELLAS INC.				
Principal Place of Business Mailing Address						
4739 CENTRAL AVE ST PETERSBURG FL 33713 ST PETERSBURG FL 33713						DO NOT WRITE IN THIS SPACE
-						3. Date Incorporated or Qualifed 05/19/1997
2. Principal Pl	ace of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number Applied For
21		26				<b>59-3446425</b> Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired See Required Fee Required
City & State	9	City & State				6. Election Campaign Financing S5.00 May Be
23	- 5-5	28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year Intangible Personal Property Tax.
	9. Name and Address of Curr		1			10. Name and Address of New Registered Agent
TROUP, DAVID L 4739 CENTRAL AVE ST PETERSBURG FL 33713				81 82 83	Name Street A	t Address (P.O. Box Number is Not Acceptable)
				84	City	FL 85 Zip Code
	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was alli	inonzea	nv i	me como	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE			D			required when reinstating) DATE
				-gem	signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D	DELETE	1,1 1171	E		☐ Change ☐ Addition
NAME	TROUP, DAVID L		1.2 NA			
STREET ADDRESS	4739 CENTRAL AVE		1.3 STF	REET.	ADDRESS	
CITY-ST-ZIP	07 DETERMINATION ST. 00740		1,4 CIT	Y-ST	-ZIP	·
TITLE		☐ DELETE	_	2.1 TITLE		Change Addition
NAME			2.2 NA	2.2 NAME		
STREET ADDRESS			2.3 STREE		ADDRESS	5
CITY-ST-ZIP -			2. 4 CI	TY-S1	T-ZIP	·
TITLE		☐ DELETE	3.1 TITLE		1	Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS		•	3.3 STI	REET	ADDRESS	3
CITY-ST-ZIP			3.4. CI	TY-\$1	T-ZIP	
TITLE		☐ DELETE	4.1 TIT	Œ	ĺ	☐ Change ☐ Addition

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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Change

Change

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90088 040 \*\*\*150.00

Addition

Addition