

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

FILED

Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000052716 (2)**

1. Corporation Name

A PERFECT DAY IN PARADISE, INC.

Principal Place of Business

**RT 1 BOX 620
HOT SPRINGS FL 24445**

Mailing Address

**RT 1 BOX 620
HOT SPRINGS FL 24445**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1997

4. FEI Number

58-2347833

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**FLORIDA INCORPORATORS, INC.
1221 BRICKELL AVE STE 900
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name **DENICE T. SUMMERS**
82 Street Address (P.O. Box Number is Not Acceptable)
6 GRAND BAY CIRCLE
83
84 City **JUNO BEACH, FL** 85 Zip Code **33408**

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

Denice T. Summers
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/98

12. OFFICERS AND DIRECTORS

TITLE	D/P/S/T	<input type="checkbox"/> DELETE
NAME	SUMMERS, DENICE T	
STREET ADDRESS	188 PROVENCAL ROAD	
CITY-ST-ZIP	GROSSE POINTE FARMS MI 48236-2908	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VARNEY, CARLETON B	
STREET ADDRESS	721 5 AVE 39B	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PAUL GRAYSON SUMMERS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	149 OAKWOOD LANE	
1.3 STREET ADDRESS	PALM BEACH GARDENS, FL 33410	
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MATTHEW CARNEY SUMMERS	
2.3 STREET ADDRESS	411 ELIZABETH ST.	
2.4 CITY-ST-ZIP	EAST LANSING, MI 48823	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DENICE TRACY SUMMERS	
3.3 STREET ADDRESS	188 PROVENCAL ROAD	
3.4 CITY-ST-ZIP	GROSSE POINTE FARMS MI 48236	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SEBASTIAN VARNEY	
4.3 STREET ADDRESS	721 5th AVE.	
4.4 CITY-ST-ZIP	NEW YORK CITY, NY 10022	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	NICHOLAS VARNEY	
5.3 STREET ADDRESS	721 5th AVE.	
5.4 CITY-ST-ZIP	NEW YORK CITY, NEW YORK 10022	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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.

SIGNATURE

Denice T. Summers

Denice T. Summers

CR2E034 (10/97)