

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

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**Mar 02 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 # P97000066805 (7)**  
1. Corporation Name  
**COUNTRY PARADISE PROPERTIES, INC.**



Principal Place of Business: **1880-C ISHERWOOD TERRACE ST AUGUSTINE FL 32092**  
Mailing Address: **1880-C ISHERWOOD TERRACE ST AUGUSTINE FL 32092**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/30/1997</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3461152</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country <b>USA</b>	29	Country <b>USA</b>	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 <b>None required</b>	

9. Name and Address of Current Registered Agent  
**MILLER, PEGGY  
1880-C ISHERWOOD TERRACE  
ST AUGUSTINE FL 32092**

10. Name and Address of New Registered Agent

81	Name <b>Peggy M. Miller</b>
82	Street Address (P.O. Box Number is Not Acceptable) <b>1860-C Isherwood Terrace</b>
83	City <b>St. Augustine</b>
84	State <b>FL</b>
85	Zip Code <b>32092</b>

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: Peggy M. Miller, Secretary-Treasurer **2-18-98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>President</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>Fred R. Miller</b>		
1.3 STREET ADDRESS	<b>1860-A Isherwood Terrace</b>		
1.4 CITY-ST-ZIP	<b>St. Augustine, FL 32092-9229</b>		
2.1 TITLE	<b>Secretary - Treasurer</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>Peggy M. Miller</b>		
2.3 STREET ADDRESS	<b>1860-A Isherwood Terrace</b>		
2.4 CITY-ST-ZIP	<b>St. Augustine, FL 32092-9229</b>		
3.1 TITLE	<b>Vice-President</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	<b>Michael S. Miller</b>		
3.3 STREET ADDRESS	<b>1860-A Isherwood Terrace</b>		
3.4 CITY-ST-ZIP	<b>St. Augustine, FL 32092-9229</b>		
4.1 TITLE	<b>Vice-President</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	<b>Sherry R. Mitchem</b>		
4.3 STREET ADDRESS	<b>1860-A Isherwood Terrace</b>		
4.4 CITY-ST-ZIP	<b>St. Augustine, FL 32092-9229</b>		
5.1 TITLE	<b>Vice-President</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	<b>DAVID A. Miller</b>		
5.3 STREET ADDRESS	<b>1860-A Isherwood Terrace</b>		
5.4 CITY-ST-ZIP	<b>St. Augustine, FL 32092-9229</b>		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: Peggy M. Miller, Secretary-Treasurer **2-18-98** **824-0896**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

CR2E034 (10/97)