


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
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/30/1997	
21	22	26	27	4. FEI Number 59-3461152	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country USA	29 Zip	30 Country USA	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 None required	

g. 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 Peggy M. Miller
82 Street Address (P.O. Box Number is Not Acceptable) 1860-C Isherwood Terrace
83
84 City ST. AUGUSTINE FL
85 Zip Code 32092

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		CHANGED	ADDITION
1.1 TITLE	President	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Fred R. Miller		
1.3 STREET ADDRESS	1860-A Isherwood Terrace		
1.4 CITY-ST-ZIP	St. Augustine, FL 32092-9229		
2.1 TITLE	Secretary - Treasurer	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Peggy M. Miller		
2.3 STREET ADDRESS	1860-A Isherwood Terrace		
2.4 CITY-ST-ZIP	St. Augustine, FL 32092-9229		
3.1 TITLE	Vice-President	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Michael S. Miller		
3.3 STREET ADDRESS	1860-A Isherwood Terrace		
3.4 CITY-ST-ZIP	St. Augustine, FL 32092-9229		
4.1 TITLE	Vice-President	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Sherry R. Mitchem		
4.3 STREET ADDRESS	1860-A Isherwood Terrace		
4.4 CITY-ST-ZIP	St. Augustine, FL 32092-9229		
5.1 TITLE	Vice-President	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	DAVID A. Miller		
5.3 STREET ADDRESS	1860-A Isherwood Terrace		
5.4 CITY-ST-ZIP	St. Augustine, FL 32092-9229		
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)