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FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90010 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000072721 ✓
 1. Corporation Name **Island Paradise Realty, Inc.**

Principal Place of Business: **4412 Lee Boulevard, Lehigh, FL 33971-1623**
 Mailing Address: **4412 Lee Boulevard, Lehigh, FL 33971-1623**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **8/21/97**

4. FEI Number: **65-0785379** 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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business (21-23) and 2a. Mailing Address (24-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
John J. Watkins
150 S. Main Street, Suite 3
LaBelle, FL 33975

10. Name and Address of New Registered Agent
 81 Name: **Allan T. Griffith, P.A.**
 82 Street Address (P.O. Box Number is Not Acceptable): **2100 McGregor Boulevard**
 83
 84 City: **Fort Myers, FL** 85 Zip Code: **33901**

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: *Allan T. Griffith* **Allan T. Griffith, Registered Agent** DATE: **4/27/99**

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	Dwight Hatfield
STREET ADDRESS	818 West Royal Palm Avenue
CITY-ST-ZIP	Clewiston, FL 33440
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	Janet Hatfield
STREET ADDRESS	818 West Royal Palm Avenue
CITY-ST-ZIP	Cleiston, FL 33440
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	P/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Chester M: Rogers
1.3 STREET ADDRESS	4412 Lee Boulevard
1.4 CITY-ST-ZIP	Lehigh, FL 33971-1623
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Roberta Rogers
2.3 STREET ADDRESS	4412 Lee Boulevard
2.4 CITY-ST-ZIP	Lehigh, FL 33971-1623
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input 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, with all other like empowered.

SIGNATURE: *Chester M. Rogers*, President DATE: **4/27/99** DAYTIME PHONE: **941-368-0000**

CR2E034 (11/98)