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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 23 1998 8:00am

Secretary of State

- I NEGIORA DIR TRUU IRRAK REGIO ORGA PRAGE REGIO ARAB INARI JOLUN INEG IIIRI ARBA

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

P97000073821 (5)

PARADIGM APARTMENT CORPORATION

Principal Place of Business Mailing Address				e immismat ten sosiat shart dater dater dater dater anner innen tiller state till t	
9385 N 56TH ST SUITE 101- 200 TEMPLE TERRACE FL 33617		8385 N 56TH ST Suite 1201 2.00 Temple terrace FL 3			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
2 Principal F	Place of Business	2a, Mailing Address			08/20/1997 4. FEI Number Applied For
21		26			4. FEI Number Applied For Sq ~ 3468136 Not Applicable
Suite, Apt.	#, el c.	Suite, Apt. #, etc.	+		¢0.75 (1.89)
22 Suite 200		27 Suite 7	27 Suite 200		5. Certificate of Status Desired Fee Required
City & State		City & State			Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zıp	Countr	у	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. 🔀 Yes 🔲 No
	g. Name and Address of Ci	irrent Registered Agent		T	10. Name and Address of New Registered Agent
	MILLAN, JOHN E		81	Name	
936	35 N 56TH ST		82	Street Add	ddress (P.O. Box Number is Not Acceptable)
	200		83	-	
TE	MPLE TERRACE FL 33617		63	Sui	H 200
			84	, ,	FL 85 Zip Code
11, Pursuant office or r	to the provisions of Sections 607 egistered agent, or both, in the S	.0502 and 607.1508, Florida Statu State of Florida. Such change was	ites, the abov authorized b	e-named co y the corpora	orporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
- ,	m lamiliar with, and accept the c	bbligations of, Section 607.0505, F			Millan 2-9-98
SIGNATURE	Signature typed or printed name of registers	ed agent and title if applicable (NO	John (ent signature regi	Quired when reinstalling) DATE
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		DELETE	1.1 TITLE		P/D Change Addition
NAME			1.2 NAME		Terry D. O'Brien
STREET ADDRESS			1.3 STREET	ADDRESS	4153, Sinclair Place
CITY-ST-ZIP			1.4 CITY-5	ST-ZIP 6	Land O'Cakes, F1 34639
TITLE		LI DELETE	2.1 TITLE	V	V/S/T/D Change Addition
NAME			2.2 NAME	1	Sonn E. McMillan
STREET ADORESS			2.3 STREET		1005 Rivernills Dr.
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP T	Temple Tettace, F1 33617-4241
TITLE			3.1 TITLE		Change L Addition
NAME STREET ADDRESS			3.2 NAME	1000500	
1			3.3 STREET		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-1	ST-ZIP	Change Addition
NAME			4.2 NAME		Change C Aquillan
STREET ADDRESS			4.3 STREET	ADDDECC	
CITY-ST-ZIP			4.4 City - S	ı	
TITLE		☐ DELET E	5.1 TITLE	11 - ZIF	Change Addition
NAME		<u> </u>	5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 CITY - S		
TITLE	· · · · · · · · · · · · · · · · ·	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	ADDRESS	
DITY OF THE					

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.