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--- PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000073821**1. Corporation Name

PARADIGM APARTMENT CORPORATION

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Jan 22, 1999 8:00am
Secretary of State
01-22-1999 90047 027 ***150.00

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Principal Plac	ce of Business	Maili	ng Address			-		ONITE FOLIS ON SIL	(BEST HER ITHE	HANDE HANDE HANDE
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SUITE 200 SUITE 200							1			
TEMPLE TERRACE FL 33617 TEMPLE TERRACE FL 3361							DO NOT WRITE IN THIS SPACE			
U\$ U\$							3. Date Incorporated or Qualifed	d		
	· · · · · · · · · · · · · · · · · · ·	<u> </u>					08/20/1997			
2. Principal F	Place of Business	├ ~──	ailing Address				4. FEI Number		<u> </u>	plied For
21		26					<u>59-3468136</u>			t Applicable
Suite, Apt. #, etc.						5. Certifcate of Status Desired		\$8.75		
22		27	it. 9 Ct-to				 		Fee Re	
City & State City & State							6. Election Campaign Financing	' _	\$5.00	
23 28 Country			Zip Country				Trust Fund Contribution		Added t	o Fees
			ip Country 30				8. This corporation owes the cur	rrent year int	angible XYes	□No
24	9. Name and Address of Curr	29 ent Register	ed Agent	1301			Personal Property Tax. 10. Name and Address of New	Registered	<u></u>	
	3. Haile Blid Address of Cult		- Agont	81	l Na	me	10. Name and Address of New	regiateres	Agent	
MCI	MILLAND TOURS F			L					·	
938	MILLAN, JOHN E 5 N 56TH ST	38.17C/d		82	Str	eet Addre	ess (P.O. Box Number is Not Accept	table)		
sur	TE 200			83	;∱			92 - <u>2</u>	1111111111111	15 49
	MPLE TERRACE FL 33617									46.44.4
				84	City	у		EI	85 Zip C	ode
f1. Pursuant	t to the provisions of Sections 607.0	502 and 607	1508 Florida Statut	es the abov	l	ed corno	oration submits this statement for the	e Durmose of	changing its	registered
^{ੂਰ} ਾ office or ।	registered agent, or both, in the Sta-	te of Florida."	Such change was a	uthorized by	/ the c					
	am familiar with, and accept the obli	gations of, Se	ection:607.0505. Flo							
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387	Signature, typed or printed name of registered a	gent and title if app AND DIRECT	plicable. (NOTE	: Registered Age		ture required	ADDITIONS/CHANGES TO O		ID DIRECTO	RS IN 12
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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 trusted 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.