FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000076819

1. Corporation Name

PARADISE INDUSTRIES, INC

Principal Place of Business

4149 SW 47TH AVE. SUITE 2B FT. LAUDERDALE FL 33314

2. Principal Place of Business

Suita Ant # ata

21

Mailing Address

2a. Mailing Address

26

4149 SW 47TH AVE. SUITE 2B FT. LAUDERDALE FL 33314

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90044 032 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualifed

09/04/1997

65-0788155

4. FEI Number

22	, m, etc.	27	s, Apt. #, etc.				5. Certificate of Sta	atus Desired	<u> </u>	\$8.75 A	Additional equired	
City & Star	te		& State				C Florida Channe	·				
23		28					6. Election Campa Trust Fund Con			\$5.00 Added		
Zip	Country	Zip	Zip Country				8. This corporation owes the current year Intangible					
24	25 29 30			0			Personal Property Tax. ☐ Yes ☐ No					
··· <u>-</u>	9. Name and Address of Current						10. Name and Add	lress of New F	Registered	Agent		
C/O	DADADICE LAND	11/ Gr.	\$ 1	81	1 1	Name						
C/O PARADISE LAND DOMBROWSKI, FRANK, J					12 Street Address (P.O. Box Number is Not Acceptable)							
					- `	ou ooi maaraa						
4149 SW 47TH AVE, STE 2B					83							
гіс	AUDERDALE FL 33314			. 84	4 6	City		<u> 1802 - 1803 p. 1</u>		All Time		
a contrator and			r	. 04	۱,	Jily			FL	85 Zip (Jode	
11. Pursuant	to the provisions of Sections 607.0502	and 607.150	08, Florida Statutes	, the abov	/e-na	amed corpora	ation submits this sta	tement for the	purpose;of	changing its	registered	
Office of t	egistered agent, or both, in the State of medical familiar with, and accept the obligation	it Florida. Sui	cn change was auti	noriżed by	v the	corporation	's board of directors.	I hereby accer	ot the appoi	ntment as re	gistered	
SIGNATURE		,					1 (*) 11 (*)					
DIGINATURE	Signature, typed or printed name of registered agent	and title if applica	ble. (NOTE: R	egistered Age	ent sig	nature required w	then reinstating)		DATE			
12.	OFFICERS AND	DIRECTOR	RS.	13.			ADDITIONS/CHA	NGES TO OF	ICERS AN	ID DIRECTO	RS IN 12	
TITLE	P		. DELETE	1.1 TITLE			13 (47) 2150			Change	☐ Addition	
NAME	Dombrowski, Frank			1.2 NAME					A			
STREET ADDRESS	1011 HIGHLAND MEADOWS DR	!	• *	1.3 STREE	T ADE	DRESS						
CITY-ST-ZIP	WESTON FL 33327			1.4 CfTY-S	ST-ZIF	p .						
TITLE	ST		☐ DELETE	2.1 TITLE						Change	Addition	
NAME	MOORE, JOHNATHON			2.2 NAME			*			_	. —	
STREET ADDRESS	720 HERITAGE WAY			2.3 STREE	T ADD	DRESS						
CITY-ST-ZIP	WESTON FL 33326		8 3°	2. 4 CITY-S	ST-78	ا م	•				,	
TITLE			☐ DELETE	3.1 TITLE	<u> </u>	<u> </u>		• • • • • • • • • • • • • • • • • • • •		Change	Addition	
NAME: ()				3.2 NAME			•	-	•	. -, •	_	
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TITLE			☐ DELETE	4.1 TTLE	, , - <u>, , , , , , , , , , , , , , , , ,</u>	'	1, (1)	9 1 2 3 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		∵ Chánge	Addition	
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CITY-ST-ZIP	P	,	•	5.4 CITY-S			5.47a juli	.*				
TITLE	BASTELL STAYS AS TO THE TO		☐ DELETE	6.1 TITLE				• • •		Change	Addition	
NAME	· 60年1月1日 (1918年1878年)			6.2 NAME				,				
STREET ADDRESS	WESTATE COLUMN TO THE		•	6.3 STREET	TADD	DRESS	•			,		
1	S			F							,	
CITY-ST-ZIP	ertify that the information supplied with	this filing do	on not qualify for th	6.4 CITY-ST			#i== 440 07/0\/i\ F\				أكيسي	

Indicated on this annual report or supplied with its litting does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati indicated on this annual report or supplied with its fruither certify 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:

