

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 17 1998 8:00am  
Secretary of State

DOCUMENT # P97000089664 (1)

1. Corporation Name

TROPICAL PARADISE OF CAPE CORAL, INC.

Principal Place of Business

709 W CAPE CORAL PARKWAY  
CAPE CORAL FL 33904

Mailing Address

709 W CAPE CORAL PARKWAY  
CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1997

4. FEI Number

☒ 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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SEEMANN, ERNEST A  
4789 DEL PRADO BLVD  
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name

ERNEST A. SEEMANN

82

Street Address (P.O. Box Number is Not Acceptable)

Suite C

83

1105 Cape Coral Parkway E.

84

City

CAPE CORAL

FL

85

Zip Code

33904

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 of 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 the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/22/98  
DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME

D  
FARMER, MONIKA  
709 W CAPE CORAL PARKWAY  
CAPE CORAL FL 33904

☐ DELETE

TITLE  
NAME

D  
BRINKMANN, UWE  
RUHRALLEE 3, D-45138  
ESSEN, GERMANY

☐ DELETE

TITLE  
NAME

D  
OETKEN, JUERGEN  
AM KASTANIENHOF 14, D-28355  
BREMEN, GERMANY

☐ DELETE

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME

☐ Change ☐ Addition

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ 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

SIGNATURE:

Signature and typed or printed name of signing officer or director

1-22-98 944-510-9634  
Date Daytime Phone # 0422012

CR2E034 (10/97)