

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

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FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90056 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000013652

1. Corporation Name
PARADISE VENTURES INC.



Principal Place of Business 824 MIRAMAR CT CAPE CORAL FL 33904-5934	Mailing Address 824 MIRAMAR CT CAPE CORAL FL 33904-5934
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1502 MIRAMAR ST Suite, Apt. #, etc. 22 City & State 23 CAPE CORAL FL Zip 24 33904 Country 25 LEE		2a. Mailing Address 26 1502 MIRAMAR ST Suite, Apt. #, etc. 27 City & State 28 CAPE CORAL FL Zip 29 33904 Country 30 LEE		3. Date Incorporated or Qualified 02/10/1998	4. FEI Number 52-2079245	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
				8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent KIP, MARTIN 824 MIRAMAR CT CAPE CORAL FL 33904-5934		10. Name and Address of New Registered Agent 81 Name LIONEL GRAY 82 Street Address (P.O. Box Number is Not Acceptable) 1502 MIRAMAR ST 83 84 City CAPE CORAL FL 85 Zip Code 33904	
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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 X [Signature] LIONEL GRAY REG. AGENT X 4-15-99
Signature typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	KATHLEEN GRAY PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	5202 SW 24TH PLACE
STREET ADDRESS		1.3 STREET ADDRESS	CAPE CORAL FL 33914
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Kathleen Gray KATHLEEN GRAY 4/15/99 941-542-1988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)