

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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90085 032 \*\*\*158.75

DOCUMENT # P98000087021

1. Corporation Name  
CAPE CORAL PARADISE, INC.



Principal Place of Business  
1505 S.E. 40TH STREET, STE. C  
CAPE CORAL FL 33904  
1710 E. CAPE CORAL PKWY.  
CAPE CORAL, FL, 33904

Mailing Address  
1505 S.E. 40TH STREET, STE. C  
CAPE CORAL FL 33904  
1710 E. CAPE CORAL P.  
CAPE CORAL, FL, 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1998

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 1710 E. CAPE CORAL P.  
Suite, Apt. #, etc.  
22  
City & State  
23 CAPE CORAL, FLORIDA  
Zip Country  
24 33904 25 USA

2a. Mailing Address  
26 1710 E. CAPE CORAL P.  
Suite, Apt. #, etc.  
27  
City & State  
28 CAPE CORAL, FLORIDA  
Zip Country  
29 33904 30 USA

9. Name and Address of Current Registered Agent

LA ROCCO, ROBERT J  
1505 S.E. 40TH STREET, STE. C  
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
LA ROCCO, ROBERT J  
1505 S.E. 40TH STREET, STE. C  
CAPE CORAL FL 33904

☐ 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  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
DPST  
KIEDLINGER, HEIDRUN  
1710 EAST CAPE CORAL PKWY.  
CAPE CORAL - FL - 33904

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HEIDRUN KIEDLINGER

04-20-99

Date

941-945-3899

Daytime Phone #

CR2E034 (11/98)

0440009