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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # \$28462

(7)

PARADISE MANAGEMENT RESOURCES, INC.

Principal Plac	ce of Busines		Mailing A	Address											
13981 PARADISE LANE DADE CITY FL 33525 US				13981 PARADISE LANE DADE CITY FL 33525-8145 US								***************************************			
									3. Date Inc 01/29/		or Qualifi	ied 34	01/19/		eport
2. Principal P	Place of Busi	ness	 	ng Address					4. FEI Num						oplied For
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22	w. etc.		27	, Apr. #, 6tc.				ŀ	5. Certifica	te of Statu	s Desired	, \square	4		Additional equired
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23			28							nd Contrib		ື 🗆		Added	
Zip		Country	Zip		Col	untry			8. This cor	poration ha	s liability	for intan	gible tax	under s	. 199.032,
24		25	29		30	,			Florida S			X Ye			
		and Address of Curre	nt Registered	Agent		-		*******	10. Name a	nd Addres	s of Nev	v Registe	ered Age	nt	
	NES, SAND					81	Name	•							
	81 PARAD					82	Street	Address	s (P.O. Box i	lumber is	Not Acce	ptable)			
DAL	DE CITY FL	. 33525				83			····						~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
						84	City						FL B	5 Zip	Code
11. Pursuant	to the provis	sions of Sections 607.05	02 and 607.150	8, Florida Stati	utes, the a	T_T	-named	d corpora	ation submits	this state	ment for t	the purpo	se of cha	inging it	s registered
office or r	redistered a	geal, or both, in the State	e of Florida, Suc	ch change was	nuthorizo	ad by	the cor	rporation	's board of o	directors I	hereby a	ccept the	appoint	nent as	
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agent La SIGNATURE		rith, and accept the oblig d or protest rame of registered as	_	on 607. 0 505, F	Florida Sta	atuteś	i.		when reinstating)			D	ATE		
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14. I do 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 confination of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

nt with an address.

SIGNATURE:

Lam an officer or direct appears in Block 12 o

CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 22 1997 8:00am

Secretary of State