

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
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90145 026 ***150.00

DOCUMENT # S40742

1. Corporation Name
PARADISE CHARTERS INC.

Principal Place of Business
P.O. BOX 22340
FT. LAUDERDALE FL 33335-2340

Mailing Address
P.O. BOX 22340
FT. LAUDERDALE FL 33335-2340

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1991

4. FEI Number
65-0252792

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETROZELLA, CHARLES
264 NW 86 TER
CORAL SPRINGS FL 33071

81 Name
CHARLES PETROZELLA

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

2945 STATE ROAD 84

83

84 City
FORT LAUDERDALE FL

85 Zip Code
33312

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME PETROZELLA, CHARLES J.
STREET ADDRESS 264 N.W. 86 TERR.
CITY-ST-ZIP CORAL SPRINGS FL

1.1 TITLE CHARLES J. PETROZELLA ☒ Change ☐ Addition
1.2 NAME 2945 STATE ROAD 84
1.3 STREET ADDRESS FORT LAUDERDALE, FL 33312
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SCHWALEN, MARGARET A.
STREET ADDRESS 264 N.W. 86 TERR.
CITY-ST-ZIP CORAL SPRINGS FL

2.1 TITLE MARGARET A. SCHWALEN ☒ Change ☐ Addition
2.2 NAME 2945 STATE ROAD 84
2.3 STREET ADDRESS FORT LAUDERDALE, FL 33312
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Charles J. Petrozella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 954-584-1561
Date Daytime Phone #

CR2E034 (11/98)