

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S76741 (5)
 1. Corporation Name
PARADISE DEVELOPMENT GROUP, INC.



Principal Place of Business 1711-A S 10TH ST SAFETY HARBOR FL 34695 US	Mailing Address 34650 US HWY 19 NORTH STE 307 PALM HARBOR FL 34684 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2901 Rigsby Lane Suite, Apt. #, etc.		2a. Mailing Address 26 2901 Rigsby Lane Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/29/1991	
22 City & State 23 Safety Harbor, FL		27 City & State 28 Safety Harbor, FL		4. FEI Number 59-3081656	
24 34695 25 USA		29 34695 30 USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Safety Harbor, FL		28 Safety Harbor, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 34695 25 USA		29 34695 30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
STROSS, HOWARD C.
 34650 US HWY 19 NORTH
 STE 307
 PALM HARBOR FL 34684

10. Name and Address of New Registered Agent
 81 Name **ROBERT A. FORLIZZO**
 82 Street Address (P.O. Box Number is Not Acceptable)
13577 Feather Sound Dr. # 300
 83 **Feather Sound Corp. Ctr. II**
 84 City **Clearwater** 85 Zip Code **FL 33762-2258**

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  DATE **4/1/98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CONNOR, MICHAEL P.	
STREET ADDRESS	1171-A S. 10TH ST	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	STV	<input type="checkbox"/> DELETE
NAME	KIDMAN, GEORGE K.	
STREET ADDRESS	1171-A S 10TH ST	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIDMAN, GEORGE K.	
STREET ADDRESS	1711-A S 10TH ST	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P;D;	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Michael P. Connor	
1.3 STREET ADDRESS	2901 Rigsby Lane	
1.4 CITY-ST-ZIP	Safety Harbor, FL 34695	
2.1 TITLE	S;T;EVP;D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	George K. Kidman	
2.3 STREET ADDRESS	2901 Rigsby Lane	
2.4 CITY-ST-ZIP	Safety Harbor, FL 34695	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert Hoffman	
3.3 STREET ADDRESS	3350 Cumberland Circle #1590	
3.4 CITY-ST-ZIP	Atlanta, GA 30339	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Scott Torrie	
4.3 STREET ADDRESS	2901 Rigsby Lane	
4.4 CITY-ST-ZIP	Safety Harbor, FL 34695	
5.1 TITLE	Asst. Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Teresa L. Duncan	
5.3 STREET ADDRESS	2901 Rigsby Lane	
5.4 CITY-ST-ZIP	Safety Harbor, FL 34695	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **SCOTT TORRIE VICE PRESIDENT** 3-21-98 (913) 726-1115
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0480427

CR2E034 (10/97)