

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY - 1 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **VO4045** (3)
1. Corporation Name
PARADISE TROPICAL HOMES, INC.

Principal Place of Business Mailing Address
5229 S.E. SEA ISLAND WAY STUART FL 34997

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/02/1992** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 R/S Unit 795B		26 R/S Unit 795B		65-0325203		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22 Big Pine Key, Fla 33043		27 Big Pine Key Fla		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation has liability for intangible tax under S. 100.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24 33043	25 Monroe	29 33043	30 Monroe				
Zip	Country	Zip	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ACRES, CHAD 5229 S.E. SEA ISLAND WAY STUART FL 34997				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1108, 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 regulations of, Section 607.0503, Florida Statutes.

SIGNATURE: *[Signature]* **Chad Acres** Register Agent signature required when registering DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE				11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				12 NAME			
STREET ADDRESS				13 STREET ADDRESS			
CITY ST ZIP				14 CITY ST ZIP			
TITLE				21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				22 NAME			
STREET ADDRESS				23 STREET ADDRESS			
CITY ST ZIP				24 CITY ST ZIP			
TITLE				31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY ST ZIP				34 CITY ST ZIP			
TITLE				41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY ST ZIP				44 CITY ST ZIP			
TITLE				51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY ST ZIP				54 CITY ST ZIP			
TITLE				61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY ST ZIP				64 CITY ST ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information submitted 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 change of name or address.

SIGNATURE: *[Signature]* **Chad Acres** DATE: **4/25/95** **905-872-3015**