

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

FILED
May 04 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 # **V55967** (6)
1. Corporation Name
PADA ENTERPRISES, INC.

Principal Place of Business 30313 O'SEAS HWY BIG PINE KEY FL 33043 US	Mailing Address P.O. BOX 430278 BIG PINE KEY FL 33043-0278 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 08/04/1992	
				4. FEI Number 65-0341641	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent KAJFASZ, PAUL 357 SHIPSWAY BIG PINE KEY FL 33043		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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KAJFASZ, PAUL E.	1.2 NAME	
STREET ADDRESS	357 SHIPSWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	BIG PINE KEY FL	1.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KAJFASZ, DAVID R.	2.2 NAME	
STREET ADDRESS	283 SHIPSWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	BIG PINE KEY FL	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KAJFASZ, DAVID R.	3.2 NAME	
STREET ADDRESS	283 SHIPSWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BIG PINE KEY FL	3.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KAJFASZ, PAUL	4.2 NAME	
STREET ADDRESS	357 SHIPSWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIG PINE KEY FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Paul E. Kajfasz **PAUL E. KAJFASZ** 4/27/98 305-872-3926

CR2E034 (10/97)