

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 09 1997 8:00 am
Secretary of State

DOCUMENT # **V58945** (9)

1. Corporation Name
PARADISE DINING MANAGEMENT, INC.



Principal Place of Business
**5959 HOLLYWOOD BLVD
HOLLYWOOD FL 33021**

Mailing Address
**2501 HOLLYWOOD BLVD
SUITE 220
HOLLYWOOD FL 33020-6632
US**

3. Date Incorporated or Qualified 08/20/1992	3a. Date of Last Report 04/24/1996
4. FEI Number 65-0364303	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent
**SCHARLIN, DAVID MICHAEL
2501 HOLLYWOOD BLVD
SUITE 220
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State FL
85. Zip Code

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	PD	1.1 TITLE	
NAME	SCHARLIN, DAVID MICHAEL	1.2 NAME	
STREET ADDRESS	3835 BATTERSEA RD.	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	1.4 CITY- ST- ZIP	
TITLE	VTSD	2.1 TITLE	
NAME	SCHARLIN, PEGGY ANN	2.2 NAME	
STREET ADDRESS	3 GROVE ISLE SR, #1808	2.3 STREET ADDRESS	
CITY- ST- ZIP	COCONUT GROVE FL	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	
NAME	MEEROVITCH, RAM	3.2 NAME	
STREET ADDRESS	340 GOLFBROOK CR #10	3.3 STREET ADDRESS	2501 HOLLYWOOD BLVD, #220
CITY- ST- ZIP	LONGWOOD FL 32778	3.4 CITY- ST- ZIP	HOLLYWOOD, FL 33020
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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 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: _____ DATE: 3/12/97 DAYTIME PHONE: 954/920-1802