

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

**APPROVED**

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APPROVING  
ANNUAL REPORT  
1995



RECEIVED  
FLORIDA DEPARTMENT OF STATE  
REGISTRATION  
AND RECORDS  
SECTION

CLERK'S OFFICE

DOCUMENT # **V58950**

(9)

PARADISE DINING ROOMS, INC.

1. Name of Registered Agent  
Name & Address  
**5959 HOLLYWOOD BLVD**  
**HOLLYWOOD FL 33021**

Name & Address  
**5959 HOLLYWOOD BLVD**  
**HOLLYWOOD FL 33021**

SEARCHED **7**

SEARCHED  
INDEXED  
FILED

SECTION V. ANNUAL REPORT (CONTINUED)				
2. Organizational Structure	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report	
21. <input type="checkbox"/> Sole Proprietor	26. <input type="checkbox"/> Mailing Address	08/20/1992	04/07/1994	
22. <input type="checkbox"/> Partner At L. E. O.	27. <input type="checkbox"/> Mailing Address	4. FEI Number	Applied For	
23. <input type="checkbox"/> City & State	28. <input type="checkbox"/> Mailing Address	65-0364738	<input type="checkbox"/> Not Applicable	
24. <input type="checkbox"/> City & State	29. <input type="checkbox"/> Mailing Address	5. Certificate of Status Requested	<input type="checkbox"/> \$8.75 Additional Fee Required	
25. <input type="checkbox"/> City & State	30. <input type="checkbox"/> Mailing Address	6. Election Campaign Financing from Fund Contributions	<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				
<b>SCHARLIN, DAVID MICHAEL</b> <b>5959 HOLLYWOOD BLVD.</b> <b>HOLLYWOOD FL 33021</b>				
10. Name and Address of New Registered Agent	81. Name	82. Street Address, P.O. Box Number and/or Apportionment	83. City & State	84. Zip Code
		<b>2501 Hollywood Boulevard</b> <b>Suite 220</b> <b>Hollywood, Florida 33020</b> <b>(305) 920-1802</b>		
		<b>2501 Hollywood Boulevard</b> <b>Suite 220</b> <b>Hollywood, Florida 33020</b> <b>(305) 920-1802</b>		

11. I declare to the Commissioner of the Department of State that it is my desire to retain my agent, the individual for the purpose of changing the registered office or registered agent or to do so at the State of Florida. Such change was authorized by the corporation's Board of Directors. I hereby resign the appointment as registered agent. I am familiar with the pertinent legislation of the State of Florida, Florida Statutes.

**SIGNATURE**

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS AND DIRECTORS
PD NAME 3635 BATTERS SEA MIAMI FL 33133	NAME 3635 BATTERS SEA MIAMI FL 33133
VTS NAME 330 GOLF BROOK CR #202 MIAMI FL 33133	NAME 330 GOLF BROOK CR #202 MIAMI FL 33133
D NAME 340 GOLF BROOK CR #104 LONGWOOD FL 32779	NAME 340 GOLF BROOK CR #104 LONGWOOD FL 32779
	NAME 340 GOLF BROOK CR #104 LONGWOOD FL 32779
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	NAME 340 GOLF BROOK CR #104 LONGWOOD FL 32779

14. I declare clearly that the information supplied with this filing is voluntarily furnished and done in good faith for the corporation's use in the State of Florida Statutes. I further certify that the information contained on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect if made in writing. This form will be filed in the corporation or the receiver or trustee incorporated to receive this report as required by Chapter 601, Florida Statutes, and that my name appears in Block 1 or Block 2 of the above form, affixed to it and joined with an asterisk.

**SIGNATURE:**

*David Michael Scharlin, Inc.*

*4/14/95 (4/14/94) 4/14/92*

*4/14/95*

000007 CP

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INFORMATION  
AS OF APRIL 24,  
1995



FLORIDA DEPARTMENT OF STATE

REGISTRATION

RENEWAL

AMENDMENT

APPROVED

REC'D

04/26/1995 05:57

DOCUMENT # **V60284**

(9)

RATTLESNAKE SERVICES, INC.

REGISTRATION NUMBER

REGISTRATION NUMBER

5411 W. TYSON AVE  
TAMPA FL 33611

5411 W. TYSON AVE  
TAMPA FL 33611

2. Name of Corporation

2a. Mailing Address

21

26

22

27

23

28

24

29

9. Name and Address of Current Registered Agent

KEARNEY, JOHN E.  
5411 W. TYSON AVE  
TAMPA FL 33611

4. Firm Name

59-3160029

Applied For

Not Applicable

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. Name and Address of New Registered Agent  
Florida Statutes [ ] No [ ] No

10. Name and Address of New Registered Agent

81. Name

82. Street Address/O/O Box Number is Not Applicable

83.

84. City

FL 85. Zip Code

11. Pursuant to the provisions of Sections 477.053 and 477.057, Florida Statutes, the above named corporation submits the 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 attest the individual is registered agent. I am familiar with and understand the contents of this section of Florida Statutes.

SIGNATURE

John E. Kearney, Registered Agent for the Corporation

John E. Kearney, Registered Agent for the Corporation

4/26

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	P KEARNEY, JOHN E 5411 W TYSON AVE TAMPA FL 33611	1. NAME	[ ] Change [ ] Addition
NAME		2. NAME	[ ] Change [ ] Addition
NAME		3. NAME	[ ] Change [ ] Addition
NAME		4. NAME	[ ] Change [ ] Addition
NAME		5. NAME	[ ] Change [ ] Addition
NAME		6. NAME	[ ] Change [ ] Addition
NAME		7. NAME	[ ] Change [ ] Addition
NAME		8. NAME	[ ] Change [ ] Addition
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NAME		27. NAME	[ ] Change [ ] Addition
NAME		28. NAME	[ ] Change [ ] Addition
NAME		29. NAME	[ ] Change [ ] Addition
NAME		30. NAME	[ ] Change [ ] Addition

14. I declare under penalty of perjury that the information supplied with this filing is voluntarily furnished and deemed true and accurate for the example(s) placed in block 12 of the Florida Statutes. I further certify that the information indicated in this document is supplemental information true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the major or lesser incorporator(s) to execute the report as required by Chapter 477, Florida Statutes, and that my name appears at Block 12 of Block 2 of the original document attached with this address.

SIGNATURE: *John E. Kearney, John E. Kearney*  
SIGNATURE TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

3-25-94

713-8314490

0216082 CP