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

**PROFIT** CORPORATION ANNUAL REPORT 1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V71789

(4)

TROPICAL PARADISE INC.

## **FILED** Apr 16 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					
5080 SW 76TH AVENUE 5080 SW 76TH AVENUE					•
DAVIE FL 333	28	DAVIE FL 33328			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					10/19/1992
2. Principal Place of Business 2a. Mailing Ad				_	4. FEI Number Applied For
21		26			65-0368311 Not Applicable
Suite, Apt	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
Zip Country		Zip Country			Trust Fund Contribution Added to Fees
24	25	29	30	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
FONDEUR, JOSEPH 81 Name				Name	
5060 SW 76TH AVENUE			62 Street A		troce (D.O. Boy Number is Not Acceptable)
DAVIE FL 33328			04	Street Mod	dress (P.O. Box Number is Not Acceptable)
			83		
1			84	City	85 Zip Code
				Ony	FL [3] 2 P SSSS
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 change discount of provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of change discount of provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of change discount of the purpose of change discount of the purpose of change discount of the purpose of					
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					
12.	Signature, typed or printed name of registered ap OFFICERS AN	peni and title if applicable (NOI ND DIRECTORS	13.	ent eignature requi	ired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	FONDEUR, JOSEPH	_	1.2 NAME		_ v <u>_</u>
STREET ADDRESS			1.3 STREE	ADDRESS	
CITY-ST-ZIP	DAVIE FL		1.4 CITY -	ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE		Change Addition
NAME	SKYDELL, JEFFREY		2.2 NAME		
STREET ADDRESS			2.3 STREE	ADDRESS	
CITY-ST-ZIP	DAVIE FL			ST-ZIP	
TETLE	•		3.1 TITLE		Change Addition
NAME	<b>.</b>		3.2 NAME	IDDDEE	
STREET ADDRESS			3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE			3.4. CITY-	ST-ZIP	Change Addition
NAME	_		4. 2 NAME		
STREET ADDRESS				T ADDRESS	
CITY-SI-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5 1 TITLE	<u></u>	Change Addition
NAME			5.2 NAME		
STREET ADDRESS				r address	
CITY-ST-2IP			5.4 City-	ST-ZIP	
TITLE	☐ DELETE		6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREE	ADDRESS	
CITY-ST-ZIP			6.4 CITY-	ST-ZIP	

r riereby 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 informatic 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.