FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000051792 (8)

1. Corporation Name

PARAMOUNT FUNDING CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 7900 GLADES RD.<br>SUITE 400<br>BOCA RATON FL 33434-4014 | 7900 GLADES RD.<br>SUITE 400<br>BOCA RATON FL 33434-4014 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/23/1993

3a. Date of Last Report: 06/16/1994

4. FEI Number: 65-0424630 ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address |
|---|---|---|---|
| 22 | State, Apt. # or P.O. | 27 | State, Apt. # or P.O. |
| 23 | City & State | 28 | City & State |
| 24 | Zip | 25 | Country |
| 29 | Zip | 30 | Country |

9. Name and Address of Current Registered Agent

GERSON, GARY N
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: SHAWN FRIEDKIN

82 Street Address (P.O. Box Number is Not Acceptable): 7900 GLADES ROAD

83 SUITE 400

84 City: BOCA RATON FL 85 Zip Code: 33434

11. Pursuant to the provisions of Section(s) 607.0505 and/or 607.1007, 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 hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [signature], PRES. SHAWN A. FRIEDKIN April 26, 1995

(Typed or printed name of person signing) (Title) (Typed or printed name of registered agent or president of registered agent corporation) (Date)

| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|
| TITLE: D<br>NAME: FRIEDKIN, SHAWN<br>STREET ADDRESS: 7900 GLADES RD., SUITE 400<br>CITY-ST-ZIP: BOCA RATON FL 33434-4014 | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |

14. I/We hereby certify that the information supplied with this filing is accurately furnished and 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 with an address.

SIGNATURE: [signature] SHAWN A. FRIEDKIN 4/26/95 407 852 4438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone Number)

0263207 CP