

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

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Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P93000051792 (8) 1. Corporation Name PARAMOUNT FUNDING CORPORATION		



Principal Place of Business 7900 GLADES RD. SUITE 400 BOCA RATON FL 33434-4014	Mailing Address PARAMOUNT FUNDING P.O. BOX 3051 BOCA RATON FL 33434-4014 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6300 PARK OF COMMERCE BLVD. Suite, Apt. #, etc.	2a. Mailing Address 27 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 07/23/1993	4. FEI Number 65-0424630 Applied For Not Applicable
22 City & State 23 Boca Raton, FL	28 City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
24 Zip 33487 Country	29 Zip Country	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 FRIEDKIN, SHAWN 7900 GLADES ROAD SUITE 400 BOCA RATON FL 33434		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 6300 PARK OF COMMERCE BLVD. 83 84 City Boca Raton FL 85 Zip Code 33487	
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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 Shawn A. Friedkin **SHAWN A. FRIEDKIN, PRES.** DATE **1/11/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDKIN, SHAWN 7900 GLADES RD., SUITE 400 BOCA RATON FL 33434-4014 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D SHAWN FRIEDKIN 6300 PARK OF COMMERCE BLVD. BOCA RATON - FLORIDA - 33487 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDKIN, LISA 7900 GLADES RD., #400 BOCA RATON FL ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D LISA FRIEDKIN 6300 PARK OF COMMERCE BLVD BOCA RATON - FLORIDA - 33487 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: Shawn A. Friedkin **SHAWN A. FRIEDKIN, PRES.** DATE **1/11/98** 561-241-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0325097

CR2E034 (10/97)