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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 18 1998 8:00am

Secretary of State

e constant den socia stati datti agrit antiti agrit antiti antiti agrit antiti artiti artiti artiti anti

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200002410 (8)

PARAMOUNT SOUTH, INC.

| Principal Place of Business Mailing Address |   |  |                                     | e tamelinde, son emerg tidte ables datet autet angere mi  | **** ***** 4144* **** 44** 185* |
|---|---|--|-------------------------------------|---|---------------------------------|
| SIXTH FLOOR 251 RO                          |   | C/O MENDOZA, CALLAS<br>251 ROYAL PALM WAY<br>PALM BEACH FL 33480 |                                     | DO NOT WRITE IN THIS  | S SPACE                         |
| FALM DEACH                                  | 1 FE 33400  | US   |                                     | 3. Date Incorporated or Qualified   |                                 |
|   |   | ••   |                                     | 10/29/1992  |                                 |
| 2. Principal P                              | Place of Business   | 2a. Mailing Address  |                                     | 4. FEI Number   | Applied For                     |
| 21  |   | 26   |                                     | 65-0364931  | Not Applicable                  |
| Suite, Apt.                                 | #, etc.   | Suite, Apt. #, etc.  |                                     | 5. Certificate of Status Desired  | \$8.75 Additional               |
| 22  |   | [27]   |                                     | 6. Certificate of Status Desired  | Fee Required                    |
| City & Stat                                 | e   | City & State   | •                                   | Election Campaign Financing   | <b>\$5.00</b> May Be            |
| 23  |   | 28   |                                     | Trust Fund Contribution   | Added to Fees                   |
| Zip   | Country   | Zip  | Country                             | 8. This corporation owes or has paid the c  |                                 |
| 24  | 25  | 29   | 30                                  | Personal Property Tax due June 30.  | Yes No                          |
|   | 9. Name and Address of Current  | Registered Agent   |                                     | 10. Name and Address of New Registere   | a Agent                         |
| DE  | MENDOZA, MARIO G III  |  | 81 Name                             |   |                                 |
| MENDOZA, CALLAS & SCHILLING                 |   |  | 82 Street Add                       | dress (P.O. Box Number is Not Acceptable)   |                                 |
| 25  | 1 ROYAL PALM WAY  |  |                                     |   |                                 |
| PA  | L,M BEACH FL 33480  |  | 83                                  |   |                                 |
|   |   |  | 84 City                             |   | 85 Zip Code                     |
|   |   |  |                                     | F   | L                               |
| 11. Pursuant                                | to the provisions of Sections 607.0502  | and 607.1508, Florida Statu                                      | ites, the above-named cor           | poration submits this statement for the purpose ation's board of directors. I hereby accept the a | of changing its registered      |
| agent La                                    | r <b>egiste</b> red ageni, or both, in the state of<br>a <b>m fam</b> iliar with, and accept the obligation | ons of, Section 607.0505, F                                      | lorida Statules.                    | ation's board of directors. Thereby accept the bi   | ppolitiment de registered       |
| SIGNATURE                                   |   |  |                                     |   |                                 |
| SIGNATORE                                   | Signature, type 1 or profed came of regulation agent.   | and this if applicable (NO                                       | TE: Registered Agent signature requ |   |                                 |
| 12.   | OFFICERS AND  | ····   | 13.                                 | ADDITIONS/CHANGES TO OFFICERS A   |                                 |
| TITLE                                       | D   | DELETE   | 1.1 TITLE                           |   | Change Addition                 |
| NAME  | DE MENDOZA, MARIO G III   |  | 1.2 NAME                            |   |                                 |
| STREET ADDRESS                              | 251 ROYAL PALM WAY  |  | 1.3 STREET ADDRESS                  |   |                                 |
| CITY-ST-ZIP                                 | PALM BEACH FL 33480   |  | 1.4 CITY - S1 - ZIP                 |   |                                 |
| TITLE                                       | PST   | DELETE   | 2.1 TITLE                           |   | Change Addition                 |
| NAME  | <b>DEMENDOZA, MARIO G</b>   |  | 2.2 NAME                            |   |                                 |
| STREET ADDRESS                              | 251 ROYAL PALM WAY  |  | 2.3 STREET ADDRESS                  |   |                                 |
| CITY-ST-ZIP                                 | PALM BEACH FL   |  | 2. 4 CHY- ST- ZIP                   |   |                                 |
| THLE  | AS  | ☐ DELETE   | 3.1 TITLE                           |   | Change Addition                 |
| NAME  | WILKINSON, DEBRA  |  | 3.2 NAME                            |   |                                 |
| STREET ADDRESS                              | 251 ROYAL PALM WAY  |  | 3.3 STREET ADDRESS                  |   |                                 |
| CITY-ST-ZIP                                 | PALM BEACH FL   |  | 3 4. CITY - ST - ZIP                |   |                                 |
| TITLE                                       | VP  | DELETE   | 4.1 TITLE                           |   | Change Addition                 |
| NAME  | KROEGER, BARBARA  |  | 4 2 NAME                            |   |                                 |
| STREET ADDRESS                              |   | LOOR   | 4.3 STREET ADDRESS                  |   |                                 |
| CITY-ST-ZIP                                 | PALM BEACH FL   |  | 4.4 CITY-ST-ZIP                     |   |                                 |
| TITLE                                       |   | DELETE   | 5.1 TITLE                           |   | ☐ Change ☐ Addition             |
| NAME  |   |  | 5.2 NAME                            |   |                                 |
| STREET ADDRESS                              |   |  | 5.3 STREET ADDRESS                  |   |                                 |
| CITY - ST - ZIP                             |   |  | 5.4 CITY - ST - ZIP                 |   |                                 |
| TITLE                                       |   | DELETE   | 6.1 TITLE                           |   | Change Addition                 |
| NAME  |   |  | 6.2 NAME                            |   |                                 |
|   |   |  | 6.3 STREET ADDRESS                  |   |                                 |
| STREET ADDRESS                              |   |  |                                     |   |                                 |

14. 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 it changed, or or systate minert with an address.