

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

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90153 010 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H58766

1. Corporation Name  
PARAMOUNT INDUSTRIES, INC.



Principal Place of Business

~~MATTHEW T. NECLERIO~~  
1020 SW 10 AVENUE  
POMPANO BEACH FL 33069

Mailing Address

P. O. BOX 1030  
~~1020 SW 10 AVENUE~~  
BOCA RATON FL 33429-1030  
USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1985

4. FEI Number

59-2656161

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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1020 S.W. 10TH. AVE.

Suite, Apt. #, etc.

22 Bay #6

City & State

23 POMPANO BEACH, FL.

Zip

24 33069

Country

25 USA

2a. Mailing Address

26 P.O. Box # 1030

Suite, Apt. #, etc.

27

City & State

28 BOCA RATON, FL.

Zip

29 33429-1030

Country

30 USA

9. Name and Address of Current Registered Agent

NECLERIO, MATTHEW T.  
1020 SW 10 AVENUE  
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name DEGRANDCHAMP, MICHAEL E.

82 Street Address (P.O. Box Number is Not Acceptable)  
1020 SW 10TH. AVE.

83 BAY #6

84 City POMPANO BEACH FL

85 Zip Code 33069

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

*Michael E. Degrandchamp*  
Signature, typed or printed name of registered agent and title if applicable.

MICHAEL E. DEGRANDCHAMP

D/S/T

1/15/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPC ☐ DELETE

NAME NECLERIO, MATTHEW T  
STREET ADDRESS 1020 NW 10TH AVENUE  
CITY-ST-ZIP POMPANO BEACH FL

TITLE DST ☐ DELETE

NAME DEGRANDCHAMP, MICHAEL E.  
STREET ADDRESS 1020 SW 10 AVENUE  
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

*Michael E. Degrandchamp*

MICHAEL E. DEGRANDCHAMP

1/15/99

(954) 781-3755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)