FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **341234** **(3)**

1. Corporation Name
PARAMOUNT LANDSCAPING,INC.

Principal Place of Business
~~3576 LLOYD DR~~
~~FORT LAUDERDALE FL 33309~~

Mailing Address
~~3576 LLOYD DR~~
~~FORT LAUDERDALE FL 33309~~

3. Date Incorporated or Qualified: 02/07/1969
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 4928 SABLE PINE CIRCLE
Suite, Apt. #, etc.
22 UNIT. B.
City & State
23 WEST PALM BEACH
Zip 24 33417
Country 25 PALM BEACH

2a. Mailing Address
26 4928 SABLE PINE CIRCLE
Suite, Apt. #, etc.
27 UNIT B
City & State
28 WEST PALM BEACH.
Zip 29 33417
Country 30 PALM BEACH

4. FEI Number: 59-1229047 — 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

9. **Name and Address of Current Registered Agent**
TOMS,GEORGE B
~~3576 LLOYD DR~~
~~FORT LAUDERDALE FL~~
4928 SABLE PINE CIRCLE B.
WEST PALM BEACH
FLORIDA 33417.

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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: Signature, typed or printed name of registered agent and title if applicable — Date — Registered Agent's signature required if name changed — Date

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	TOMS,GEORGE B	
STREET ADDRESS	~~3576 LLOYD DR.~~ 4928 SABLE PINE CIRCLE	
CITY-ST-ZIP	~~FORT LAUDERDALE FL~~ W.P.B FL 33417	
TITLE	V	☐ DELETE
NAME	BADSTIBNER, RICHARD	
STREET ADDRESS	770 NW 37 ST	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	D	☐ DELETE
NAME	BADSTIBNER, ERIK L.	
STREET ADDRESS	770 NW 37 ST	
CITY-ST-ZIP	FORT LAUDERDALE 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		

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: George B. Toms GEORGE B. TOMS — 4-29-96 — 407 647 4687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)