

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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 341234 (3)
 1. Corporation Name
PARAMOUNT LANDSCAPING, INC.



Principal Place of Business 4928 SABLE PINE CIRCLE UNIT B WEST PALM BEACH FL 33417 US	Mailing Address 4928 SABLE PINE CIRCLE UNIT B WEST PALM BEACH FL 33417-2775 US
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3. Date Incorporated or Qualified 02/07/1969	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1229047	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
TOMS, GEORGE B
4928 SABLE PINE CIRCLE
UNIT B
WEST PALM BEACH FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS

12.1 TITLE P TOMS, GEORGE B 4928 SABLE PINE CIR W PALM BCH FL	<input type="checkbox"/> DELETE
12.2 TITLE V BADSTIBNER, RICHARD 770 NW 37 ST FT LAUDERDALE, FL 00000	<input type="checkbox"/> DELETE
12.3 TITLE D BADSTIBNER, ERIK L. 770 NW 37 ST FORT LAUDERDALE FL	<input type="checkbox"/> DELETE
12.4 TITLE DELETED	<input type="checkbox"/> DELETE
12.5 TITLE DELETED	<input type="checkbox"/> DELETE
12.6 TITLE DELETED	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: *George B. Tom* **4-27-97** **561 697-4687**

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

CR2E034 (9/96)