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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 12 1998 8:00am

Secretary of State

19424

__ Addition

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

F94000002387 (8)

PARAMAX SYSTEMS CORPORATION

Principal Place of Business Mailing Address TOWNSHIP LINE & UNION MEETING ROADS TOWNSHIP LINE & UNION MEETING ROADS BLUE BELL PA 19424 BLUE BELL PA 19424 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/09/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 10 BOX 500 21 23-2759530 Not Applicable Suite, Apt. #, etc. Suita, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 R4 City Zip Code 85 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DVS DELETE Change **X** Addition TITLE 11 TITLE ANDERSON, RONALD C NAME 1.2 NAME TOWNSHIP LINE & UNION MEETING RDS. STREET ADDRESS 1.3 STREET ADDRESS **BLUE BELL PA** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE **X** Addition TITLE 2.1 NITLE STEFAN C. RIESENFELD **NOLL, PETER S** NAME 2.2 NAME TOWNSHIP LINE & UNION MEETING RDS. TOWNSHIP LINE + UNION MEETING RDS. STREET ADDRESS 2.3 STREET ADDRESS **BLUE BELL PA 19424** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE NAME Keene, Susan T 3.2 NAME TOWNSHIP LINE & UNION MEETING RDS. STREET ADDRESS 3.3 STREET ADDRESS 19424 **B**LUE BELL PA CITY-ST-ZIP 34 CITY-ST-ZIP CPD DELETE **X** Change TITLE 4.1 THILE AT Addition **SILVERBERG, JACK R** NAME 4. 2 NAME **TOWNSHIP LINE & UNION MEETING ROADS** STREET ADDRESS 4.3 STREET ADDRESS **BLUE BELL PA** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TOLE GEORGE T. ROBSON NAME 5.2 NAME TOWNSHIP LINE + UNION MEETING RDS

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY - \$1 - 7IP 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 13 if changed or on an attachment with an apprecia.

RONALD C. ANDERSON

5.4 CITY - S1 - ZIP

6.1 TITLE

6.2 NAME

DELETE