

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000002829 (9)**
1. Corporation Name
PARAMOUNT CONTRACTING COMPANY, INC.

Principal Place of Business 7314 SOUTHLAKE PKWY. MORROW GA 30287	Mailing Address 7314 SOUTHLAKE PKWY. MORROW GA 30287
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/31/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-1339052	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MORGAN, LARRY R SR P.O. BOX 303 BAKER FL 32531				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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PTDC			1.1 TITLE	President		
NAME	SHARMA, CHANDLER B			1.2 NAME	Singh, Manohar		
STREET ADDRESS	1126 PONCE DE LEON AVE.			1.3 STREET ADDRESS	8920 Peachtree Way		
CITY-ST-ZIP	ATLANTA GA 30306			1.4 CITY-ST-ZIP	Jonesboro, GA 30236		
TITLE	VD			2.1 TITLE	Executive V. President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YADAV, BHAGIRATH M			2.2 NAME	Yadav, Bhagirath M.		
STREET ADDRESS	8942 PEACH CT.			2.3 STREET ADDRESS	8942 Peach Court		
CITY-ST-ZIP	JONESBORO GA 30236			2.4 CITY-ST-ZIP	Jonesboro, GA 30236		
TITLE	SD			3.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SINGH, MANOHAR			3.2 NAME	Sharma, Chandler B.		
STREET ADDRESS	8920 PEACHTREE WAY			3.3 STREET ADDRESS	1126 Ponce De Leon Ave.		
CITY-ST-ZIP	JONESBORO GA 30236			3.4 CITY-ST-ZIP	Atlanta, GA 30306		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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)(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: *B. M. YADAV* **B. M. YADAV** 4/20/98 770/961-7841

CR2E034 (10/97)