


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

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000003435 (3)**

1. Corporation Name  
**PARAMOUNT INSURANCE REPAIR SERVICE, INC.**

Principal Place of Business  
**24 HOLLYWOOD BLVD., SW #8  
FT. WALTON BEACH FL 32548**

Mailing Address  
**24 HOLLYWOOD BLVD., SW #8  
FT. WALTON BEACH FL 32548**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2300 HOLLOMAN #101</b> Suite, Apt. #, etc. 22 City & State 23 <b>CONROE, TX</b> Zip 24 <b>77301</b>		2a. Mailing Address 25 <b>PO BOX 729</b> Suite, Apt. #, etc. 27 City & State 28 <b>MONTGOMERY TX</b> Zip 29 <b>77356</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>07/17/1995</b>	
		4. FEI Number <b>74-2753546</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PO</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KARM, DONALD M</b>	1.2 NAME	
STREET ADDRESS	<b>RT. 2 BOX 28 B</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MADISONVILLE TX 77864</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KARM, DONALD M</b>	2.2 NAME	
STREET ADDRESS	<b>RT. 2 BOX 28 B</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MADISONVILLE TX 77864</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABBOTT, WILLIAM D</b>	3.2 NAME	
STREET ADDRESS	<b>4422 WINDLAKE DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NICEVILLE FL 32578</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KARM, DWIGHT R</b>	4.2 NAME	
STREET ADDRESS	<b>RT 2 BOX 531</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORMANGE, TX 77871</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KARM, WAYLON D</b>	5.2 NAME	
STREET ADDRESS	<b>RT 1 BOX 323 K</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VAN, TX 75790</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RUTH A. HUGHES</b>	6.2 NAME	
STREET ADDRESS	<b>19102 E. CHALLE CIRCLE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SPRING TX 77373</b>	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: **Donald K. Karm** **DRES** **4/30/98** **800-800-1771**

CR2E034 (10/97)