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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H58766

1. Corporation Name
PARAMOUNT INDUSTRIES, INC.

Principal Place of Business
~~% MATTHEW T. NECLERIO~~ omit
1020 SW 10 AVENUE
POMPANO BEACH FL 33069

Mailing Address
P. O. BOX 1030
~~1020 SW 10 AVENUE~~ omit
BOCA RATON FL 33429-1030
USA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1020 S.W. 10TH. AVE.
Suite, Apt. #, etc.
22 Bay #6
City & State
23 POMPANO BEACH, FL.
Zip 24 33069 Country 25 USA

2a. Mailing Address
26 P.O. Box # 1030
Suite, Apt. #, etc.
27
City & State
28 BOCA RATON, FL.
Zip 29 33429-1030 Country 30 USA

3. Date Incorporated or Qualifed
05/24/1985

4. FEI Number
59-2656161
☐ Applied For
☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

NECLERIO, MATTHEW T.
1020 SW 10 AVENUE
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name DEGRANDCHAMP, MICHAEL E.
82 Street Address (P.O. Box Number is Not Acceptable) 1020 SW 10TH. AVE.
83 BAY #6
84 City POMPANO BEACH FL 85 Zip Code 33069

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 Michael E. DeGrandchamp MICHAEL E. DEGRANDCHAMP D/S/T 1/15/99
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	
TITLE	DPC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NECLERIO, MATTHEW T		1.2 NAME	
STREET ADDRESS	1020 NW 10TH AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	
TITLE	DST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DEGRANDCHAMP, MICHAEL E.		2.2 NAME	
STREET ADDRESS	1020 SW 10 AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Michael E. DeGrandchamp MICHAEL E. DEGRANDCHAMP 1/15/99 (954) 781-3755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #