

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

FILED

May 12 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 # K21554 (6)
 1. Corporation Name
PARAMOUNT REAL ESTATE SERVICES, INC.



Principal Place of Business 1200 CORPORATE CENTER WAY SUITE 100 WEST PALM BEACH FL 33414	Mailing Address 1200 CORPORATE CENTER WAY SUITE 100 WEST PALM BEACH FL 33414-2108
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3. Date Incorporated or Qualified 04/21/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0046141	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent
**JURAN, LAWRENCE B
 1200 CORPORATE CENTER WAY
 SUITE 100
 WEST PALM BEACH FL 33414**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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 resigning) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SANDS, DONALD A
STREET ADDRESS	1200 CORPORATE CENTER WAY, SUITE 100
CITY - ST - ZIP	WEST PALM BEACH FL 33414
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SANDS, IRVING A
STREET ADDRESS	1200 CORPORATE CENTER WAY, SUITE 100
CITY - ST - ZIP	WEST PALM BEACH FL 33414
TITLE	D <input type="checkbox"/> DELETE
NAME	RENDINA, RICHARD F
STREET ADDRESS	1200 CORPORATE CENTER WAY, SUITE 100
CITY - ST - ZIP	WEST PALM BEACH FL 33414
TITLE	D <input type="checkbox"/> DELETE
NAME	RENDINA, BRUCE A
STREET ADDRESS	1200 CORPORATE CENTER WAY, SUITE 100
CITY - ST - ZIP	WEST PALM BEACH FL 33414
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Patrick J. D. Salvo
1.3 STREET ADDRESS	1200 Corporate Center Way, #100
1.4 CITY - ST - ZIP	West Palm Beach, FL 33414
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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

CR2E034 (9/96)