

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northen
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000051792 (8)

1. Corporation Name

PARAMOUNT FUNDING CORPORATION

Principal Place of Business

7900 GLADES RD.
SUITE 400
BOCA RATON FL 33434-4014

Mailing Address

7900 GLADES RD.
SUITE 400
BOCA RATON FL 33434-4014

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified
07/23/1993

3a. Date of Last Report
06/16/1994

4. FCI Number
65-0424630

Applies For
☐ Not Applicable

5. Certificate 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 has liability for intangible tax under § 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. Suite Apt # etc

22. City & State

24. Zip

25. Zip

26. Mailing Address

27. Suite Apt # etc

28. City & State

29. Zip

30. Zip

9. Name and Address of Current Registered Agent

**GERSON, GARY N
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81. Name **SHAWN FRIEDKIN**
82. Street Address (P.O. Box Number is Not Acceptable)
7900 GLADES ROAD
83. **SUITE 400**
84. City **BOCA RATON** FL 85. Zip Code **33434**

11. Pursuant to the provisions of Sections 607.08(5) and 607.14(5), 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 provisions of Section 607.08(5), Florida Statutes.

SIGNATURE

Shawn A. Friedkin, PRES. **SHAWN A. FRIEDKIN**

April 26, 1995

12. OFFICERS AND DIRECTORS

1. NAME **D FRIEDKIN, SHAWN**
2. STREET ADDRESS **7900 GLADES RD., SUITE 400**
3. CITY, ST, ZIP **BOCA RATON FL 33434-4014**

4. NAME

5. STREET ADDRESS

6. CITY, ST, ZIP

7. NAME

8. STREET ADDRESS

9. CITY, ST, ZIP

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. NAME

14. STREET ADDRESS

15. CITY, ST, ZIP

16. NAME

17. STREET ADDRESS

18. CITY, ST, ZIP

19. NAME

20. STREET ADDRESS

21. CITY, ST, ZIP

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

2. STREET ADDRESS

3. CITY, ST, ZIP

4. NAME

5. STREET ADDRESS

6. CITY, ST, ZIP

7. NAME

8. STREET ADDRESS

9. CITY, ST, ZIP

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. NAME

14. STREET ADDRESS

15. CITY, ST, ZIP

16. NAME

17. STREET ADDRESS

18. CITY, ST, ZIP

19. NAME

20. STREET ADDRESS

21. CITY, ST, ZIP

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(5)(b), Florida Statutes. I further certify that the information included 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on any supplemental filing.

SIGNATURE:

Shawn A. Friedkin **SHAWN A. FRIEDKIN**

4/26/95

4078524438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR