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Apr 16 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 # **P94000039070 (5)**

1. Corporation Name

PARAMOUNT INVESTMENT CAPITAL COMPANY



Principal Place of Business

Mailing Address

**5100 TOWN CENTER CIR., SUITE 560
BOCA RATON FL 33486**

**5100 TOWN CENTER CIR., SUITE 560
BOCA RATON FL 33486-1008**

2. Principal Place of Business

2a. Mailing Address

21 **4832 CHAMAL Circle**

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22 **BOCA RATON Fla**

27

City & State

City & State

23 **33487**

28

Zip

Country

Zip

Country

24 **33487**

29

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRAVERMAN, NEIL K
5100 TOWN CENTER CIR., SUITE 560
BOCA RATON FL 33486**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

4832 CHAMAL Circle

84

BOCA RATON

FL

85

Zip Code 33487

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

Neil K Braverman

(NOTE: Registered Agent signature required when reinstating)

4/8/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **BRAVERMAN, NEIL K**
STREET ADDRESS **5100 TOWN CENTER CIR., SUITE 560**
CITY-ST-ZIP **BOCA RATON FL 33486**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **4832 CHAMAL Circle**
1.3 STREET ADDRESS **BOCA RATON, FL 33487**
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 in an attachment with an address.

SIGNATURE

Neil K Braverman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)