

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000011637 (2)

1. Corporation Name

PARIS FUNDING, INC.



Principal Place of Business

Mailing Address

124 LEEWARD ISLAND
CLEARWATER FL 34630

P.O. BOX 3804
CLEARWATER FL 34630

3. Date Incorporated or Qualified
02/10/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 910 Bay Esplanade

26 P.O. Box 3804

4. FEI Number

59-3296378

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

22 City & State

27 City & State

23 Clearwater FL

28 Clearwater FL

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 34630

25 USA

29 34630-8804

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

Lillian G Paris

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

910 Bay Esplanade

83

84

Clearwater

FL

85 Zip Code

34630

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 *L. G. Paris* L. G. Paris

6/21/96

Signature of officer or director of corporation or registered agent and date of signature

(NOTE: Registered Agent's signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME P
STREET ADDRESS 124 LEEWARD ISLAND
CITY-ST-ZIP CLEARWATER FL 34630

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS 910 BAY ESPLANADE
14 CITY-ST-ZIP CLEARWATER FL 34630

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME 500001889175
43 STREET ADDRESS -07/10/96--01026--001
44 CITY-ST-ZIP ***8.75

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME 600001889176
53 STREET ADDRESS -07/10/96--01026--002
54 CITY-ST-ZIP ***225.00

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

L. G. Paris Lillian G Paris

6/24/96

813-443-0193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (3/96)