

FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000012591 (0)

1. Corporation Name
PARAMOUNT CUTTER, INC.

Principal Place of Business
**1434 SE HUFFMAN RD.
PORT ST. LUCIE FL 34952
US**

Mailing Address
**1434 SE HUFFMAN RD.
PORT ST. LUCIE FL 34952-3355
US**



2. Principal Place of Business 21 208 SW Luccero Dr.		2a. Mailing Address 26		3. Date Incorporated or Qualified 02/13/1995	3a. Date of Last Report 05/23/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 65-0557324	Applied For ☐ Not Applicable
23 City & State Port St. Lucie FL.		28 City & State		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
24 Zip 34983	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent SMEDBERG, MARK 1434 SE HUFFMAN RD. PORT ST. LUCIE FL 34952				10. Name and Address of New Registered Agent	

SMEDBERG, MARK
1434 SE HUFFMAN RD.
PORT ST. LUCIE FL 34952

1. Name	2. Street Address (P.O. Box Number is Not Acceptable)	3.	4. City	FL	85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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: _____ (NOTE: Registered agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SMEDBERG, MARK C	1.2 NAME	
STREET ADDRESS	1434 SE HUFFMAN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SMEDBERG, SHARON	2.2 NAME	
STREET ADDRESS	1434 SE HUFFMAN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE 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	

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: Mark C. Smedberg REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0498211

CR2E034 (9/96)