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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000022599 (1)

FIRST PARAMOUNT GROUP, INC.

Principal Place of Business Mailing Address 5324 NW 60TH DRIVE 5324 NW 60TH DRIVE **CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/21/1995 2. Principal Place of Business Mailing Address 4. FEI Number Applied For Not Applicable 26 65-0569922 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Ζıρ This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 29 30 24 25 Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name SHEHADEH, ABDELKARIM 5324 NW 60TH DRIVE 82 **CORAL SPRINGS FL 33067** 83 84 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits the is 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 Society 607.0605 Florida Statutes. SIGNATURE ACTIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change OFFICERS AND DIRECTORS 12. 13. DLLÉTE TITLE **PSTD** 11 TITLE ShehAdeh, Abdel KARIM 5324 NW 60th DRIVE SHEHADEH, ABDELKARIM MALKE 12 NAME 5324 NW 60TH DRIVE STREET ADDRESS 1.3 STREET ADDRESS CORAL SPRINGS, FL 3306 **CORAL SPRINGS FL 33067** CITY-ST-ZIP 1.4 City-St-ZiP DELETE TITLE 2.1 TITLE KAHOOK, Nofal 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Unangu ☐ Addition TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE ___ Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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.

On 30 1000 7

(959) 377(

FILED

Feb 09 1998 8:00am

Secretary of State