

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. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000030410 (1)**

1. Corporation Name

**PARAMOUNT DESIGN & INTEGRATED DRAFTING INC.**

Principal Place of Business

Mailing Address

**6036 GOLDDUST ROAD  
BROOKSVILLE FL 34609**

**6036 GOLDDUST ROAD  
BROOKSVILLE FL 34609**



3. Date Incorporated or Qualified

3a. Date of Last Report

**04/17/1995**

4. FEI Number

**59-3137971**

Applied 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 s. 199.032,  
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**21 8219 River Country Dr.**

**26**

Suite, Apt. #, etc

Suite, Apt. #, etc

**22 Suite # 105**

**27**

City & State

City & State

**23 Spring Hill Fl.**

**28**

Zip

Country

Zip

Country

**24 34609**

**25 U.S.A.**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PALMA, STEVEN  
6036 GOLDDUST ROAD  
BROOKSVILLE FL 34609**

81 Name

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

83

84 City

**FL** 85 Zip Code

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

Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **PALMA, STEVEN**  
STREET ADDRESS **6036 GOLDDUST ROAD**  
CITY - ST - ZIP **BROOKSVILLE FL 34609**

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51 TITLE  
52 NAME  
53 STREET ADDRESS  
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61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

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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 report 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, Block 13 if changed, or on an attachment with a

SIGNATURE:

**STEVEN PALMA**

**6-7-96**

**352-597-0355**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)