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FILED

May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000025275 (3)

1. Corporation Name

THE PAAM COMPANY, INC.

Principal Place of Business

Mailing Address

5970 SW 18TH ST
SUITE 109
BOCA RATON FL 33433

5970 SW 18TH ST
SUITE 109
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1997

4. FEI Number

65-0738374

Applied For

Not Applicable

5. Certificate of Status Desired

A

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 5970 SW 18th St

Suite, Apt. #, etc.

22 Suite 109

City & State

23 Boca Raton Fla

Zip

24 33431

Country

25 USA

2a. Mailing Address

26 5970 SW 18th Street

Suite, Apt. #, etc.

27 Suite 109

City & State

28 Boca Raton, FL

Zip

29 33431

Country

30 USA

9. Name and Address of Current Registered Agent

GOLDSTEIN, BETH
5970 SW 18TH ST
SUITE 109
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

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

Beth Goldstein, Director Beth Goldstein

4/24/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
STREET ADDRESS HUGER, ANDREW
CITY-ST-ZIP 5 CAROLINE ST
GARNVILLE NY 10923

TITLE ☐ DELETE

NAME VD
STREET ADDRESS GOLDSTEIN, CLIF
CITY-ST-ZIP 5970 SW 18TH ST Suite 109
BOCA RATON FL 33433

TITLE ☐ DELETE

NAME ST
STREET ADDRESS GOLDSTEIN, BETH
CITY-ST-ZIP 5970 SW 18TH ST Suite 109
BOCA RATON FL 33433

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Patricia Peluso
1.3 STREET ADDRESS 50 Madison Ave
1.4 CITY-ST-ZIP Garnerville, NY 10923

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME Andrew Huger
2.3 STREET ADDRESS 50 Madison Ave
2.4 CITY-ST-ZIP Garnerville, NY 10923

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☒ Addition

4.2 NAME Director
4.3 STREET ADDRESS Patricia Peluso
4.4 CITY-ST-ZIP 50 Madison Ave
Garnerville, NY 10923

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME Director
5.3 STREET ADDRESS Andrew Huger
5.4 CITY-ST-ZIP 50 Madison Ave
Garnerville, NY 10923

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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: Clif Goldstein Clif Goldstein 4/24/98 56139/9381

CR2E034 (10/97)