

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

FILED  
Apr 10 1998 8:00am  
Secretary of State

DOCUMENT # P97000088636 (0)

1. Corporation Name

PARAMOUNT MORTGAGE CENTER, INC.



Principal Place of Business

1070 WHITFIELD AVENUE  
SARASOTA FL 34243

Mailing Address

1070 WHITFIELD AVENUE  
SARASOTA FL 34243

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PARALEGAL & ATTORNEY SERVICE BUREAU, INC.  
1406 HAYS STREET  
SUITE 2  
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

10/14/1997

4. FEI Number

65-0787545

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

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

SUSAN M. KOLZE

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

1070 WHITFIELD AVENUE

83

SARASOTA, FL 34243

84 City

SARASOTA

FL

85 Zip Code  
34243

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

SUSAN M. KOLZE, President

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

(NOTE: Registered Agent signature required when reinstating)

APRIL 6, 1998

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KOLZE, SUE  
STREET ADDRESS 1070 WHITFIELD AVENUE  
CITY-ST-ZIP SARASOTA FL 34243

TITLE VD ☐ DELETE

NAME SEDLAK, ALOIS  
STREET ADDRESS 1070 WHITFIELD AVENUE  
CITY-ST-ZIP SARASOTA FL 34243

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 PD ☒ Change ☐ Addition

(Correction of spelling)  
KOLZE, SUSAN  
1070 WHITFIELD AVENUE  
SARASOTA, FL. 34243

2.1 TITLE S/TD ☐ Change ☐ Addition

ALDIS A. SEDLAK  
1070 WHITFIELD AVENUE  
SARASOTA, FL. 34243

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

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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: SUSAN M. KOLZE, President

April 6, 1998

(941) 758-3458

CR2E034 (10/97)