

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90024 019 \*\*\*158.75

DOCUMENT # P98000006199

1. Corporation Name  
PARACLETE RESOURCES, INC.



Principal Place of Business  
3445 NW 55TH ST  
FORT LAUDERDALE FL 33309

Mailing Address  
3445 NW 55TH ST  
FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1998

4. FEI Number

65-0808737

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 the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 1200 N. FEDERAL Hwy

Suite, Apt. #, etc.

22 SUITE 200

City & State

23 BOCA RATON FL

Zip

24 33432 25 USA

2a. Mailing Address

26 1200 N. FEDERAL Hwy

Suite, Apt. #, etc.

27 SUITE 200

City & State

28 BOCA RATON, FL

Zip

29 33432 30 USA

9. Name and Address of Current Registered Agent

GOWING, DELMER C III.  
101 SE 6TH AVE  
DELRAY BEACH FL 33483-5261

10. Name and Address of New Registered Agent

81 Name

MARK A. CAPOZZI

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

1200 N. FEDERAL Hwy STE 200

83

84 City

BOCA RATON

FL

85 Zip Code

33432

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

Mark A. Capozzi

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE DIRECTOR  
NAME MARK A. CAPOZZI  
STREET ADDRESS 1200 N. FEDERAL Hwy STE 200  
CITY-ST-ZIP BOCA RATON, FL 33432

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DIRECTOR

☒ Change

☐ Addition

1.2 NAME

MARK A. CAPOZZI

1.3 STREET ADDRESS

1200 N. FEDERAL Hwy STE 200

1.4 CITY-ST-ZIP

BOCA RATON, FL 33432

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Mark A. Capozzi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/98 561-447-8256

Date

Daytime Phone #

CR2E034 (11/98)