**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT
**1995**

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

FILED
95 JUL 25 AM 10: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S58843** (1)

1. Corporation Name
**JAMES L. PARIS ORGANIZATION, INC.**

Principal Place of Business
~~500 CROWN OAK CENTRE DRIVE~~
~~LONGWOOD FL 32750~~

Mailing Address
~~2600 MAITLAND CENTER PKWY~~
~~STE B~~
~~MAITLAND FL 32751~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1991
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business
21 140 N. ORLANDO AVE.
Suite, Apt. #, etc.
22 SUITE 150
City & State
23 WINTER PARK, FLA
Zip 24 32789
Country 25 USA

2a. Mailing Address
26 2290 SPRINGLAKE ROAD
Suite, Apt. #, etc.
27 SUITE 400
City & State
28 DALLAS, TX
Zip 29 75234
Country 30 USA

4. FEI Number: 59-3069378 — 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

9. Name and Address of Current Registered Agent
PENA, RAYMOND J
~~2600 MAITLAND CENTER PKWY~~
~~STE B~~
~~MAITLAND FL 32751~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 140 N. ORLANDO AVE.
83 SUITE 150
84 City: WINTER PARK FL 85 Zip Code: 32789

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | OP |
| NAME | PARIS, JAMES L. |
| STREET ADDRESS | ~~10160 BETTY JANE PL~~ |
| CITY ST ZIP | ~~DALLAS TX~~ |
| TITLE | VP |
| NAME | PENA, RAYMOND JR |
| STREET ADDRESS | ~~938 CONGRESS CT~~ |
| CITY ST ZIP | ~~CASSELBERRY FL~~ |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1 1 TITLE | | ☐ Change ☐ Addition |
| 1 2 NAME | | |
| 1 3 STREET ADDRESS | 2290 SPRINGLAKE ROAD, SUITE 400 | |
| 1 4 CITY ST ZIP | DALLAS, TEXAS 75234 | |
| 2 1 TITLE | | ☐ Change ☐ Addition |
| 2 2 NAME | | |
| 2 3 STREET ADDRESS | 140 N. ORLANDO AVE., SUITE 150 | |
| 2 4 CITY ST ZIP | WINTERPARK, FLA 32789 | |
| 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 | | |

CR2E034 (3/95)

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 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 the 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:** _____ JAMES L. PARIS — 7/1/95 — (214) 243-4840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007470 CP