


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

FILED  
Aug 20 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # V01960 (6)</b> 1. Corporation Name <b>JAMES L. PARIS FINANCIAL SERVICES, INC.</b>			
Principal Place of Business <b>2270 SPRINGLAKE ROAD</b> <b>400</b> <b>DALLAS TX 75234</b> <b>US</b>		Mailing Address <b>2270 SPRINGLAKE ROAD</b> <b>400</b> <b>DALLAS TX 75234</b> <b>US</b>	
2. Principal Place of Business 21 <b>2500 W. LAKE MARY</b> Suite, Apt. #, etc. 22 <b>208</b> City & State 23 <b>LAKE MARY, FL</b> Zip 24 <b>32746</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>2500 W. LAKE MARY BLVD.</b> Suite, Apt. #, etc. 27 <b>208</b> City & State 28 <b>LAKE MARY, FL</b> Zip 29 <b>32746</b> Country 30 <b>USA</b>	
3. Name and Address of Current Registered Agent <b>PARIS, JAMES L.</b> <b>494 ELKWOOD CT</b> <b>STE 150</b> <b>KISSIMMEE FL 34743</b>		10. Name and Address of New Registered Agent 81 Name <b>JAMES L. PARIS</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2500 W. LAKE MARY BLVD #208</b> 83 84 City <b>LAKE MARY</b> FL 85 Zip Code <b>32746</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARIS, JAMES L.</b>	1.2 NAME	<b>JAMES L. PARIS</b>
STREET ADDRESS	<b>2290 SPRINGLAKE RD STE 400</b>	1.3 STREET ADDRESS	<b>913 SEA DUCK DR.</b>
CITY-ST-ZIP	<b>DALLAS TX</b>	1.4 CITY-ST-ZIP	<b>DAYTONA BEACH, FL.</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARIS, CARMEN</b>	2.2 NAME	
STREET ADDRESS	<b>149 KNIGHTS HOLLOW DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>APOPKA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_

CR2E034 (10/97)