

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000084401 (6)

1. Corporation Name

PARAGON FINANCIAL GROUP, INC.



Principal Place of Business

1672 W HILLSBORO BLVD
SUITE 250
DEERFIELD BEACH FL 33442
US

Mailing Address

1672 W HILLSBORO BLVD.
SUITE 250
DEERFIELD BEACH FL 33442
US

2. Principal Place of Business

2a. Mailing Address

21 40 S.E. 5th Street

26 40 S.E. 5th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 403

27 Suite 403

City & State

City & State

23 Boca Raton, FL

28 Boca Raton, FL

Zip

Zip

24 33432

29 33432

Country

Country

25 U.S.

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COPELAND, BRICE
SUITE 250
1672 WEST HILLSBORO BLVD
DEERFIELD BEACH FL 33442

81 Name
Michael L. Rossi
82 Street Address (P.O. Box Number is Not Acceptable)
40 S.E. 5th Street
83 Suite 403
84 City
Boca Raton
85 Zip Code
FL 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

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

Michael Rossi, President

3/15/96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
COPELAND, BRICE
1672 W HILLSBOROUGH BEACH BLVD SUITE 250
DEERFIELD BEACH FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
ANSELMA, JONATHAN M
1672 W HILLSBOROUGH BEACH BLVD SUITE 250
DEERFIELD BEACH FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PTD
Michael L. Rossi
40 S.E. 5th Street, Suite 403
Boca Raton, FL 33433

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
[] Change [] Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
[] Change [] Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
[] Change [] Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
[] Change [] Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
[] Change [] Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Rossi

3/15/96

407-447-9843

CR2E034 (12/95)