


* FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00 *

FILED
May 15 1998 8:00am
Secretary of State

CORPORATION ANNUAL REPORT ✓ 1998		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
1. Corporation Name Paragon Biomedical, Inc. 2603 Main Street, Suite 850 Irvine, CA 92614		DOCUMENT # F95000001239

Mailing Address 2603 Main Street, Suite 850 Irvine, CA 92614	Principal Place of Business California
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DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below		3. Date Incorporated or Qualified 3/15/95	3a. Date of Last Report 4/30/97
2. Mailing Address 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Principal Place of Business 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	4. FEI Number 33-0394968	Applied For Not Applicable
		5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT Corporation System 1200 South Pine Island Road Plantation, FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE	Director/V.P./Secretary			11 TITLE			
12 NAME	Nicholas R. Reed			12 NAME			
13 STREET ADDRESS	2603 Main Street, Suite 850			13 STREET ADDRESS			
14 CITY-ST-ZIP	Irvine, CA 92614			14 CITY-ST-ZIP			
21 TITLE	Director/President/Treasurer			21 TITLE			
22 NAME	Gena H. Reed			22 NAME			
23 STREET ADDRESS	2603 Main Street, Suite 850			23 STREET ADDRESS			
24 CITY-ST-ZIP	Irvine, CA 92614			24 CITY-ST-ZIP			
31 TITLE	Chief Financial Officer			31 TITLE	SEE		
32 NAME	Anne L. Bohn			32 NAME			
33 STREET ADDRESS	2603 Main St. Ste 850			33 STREET ADDRESS			
34 CITY-ST-ZIP	Irvine, CA 92614			34 CITY-ST-ZIP			
41 TITLE				41 TITLE			
42 NAME				42 NAME			
43 STREET ADDRESS				43 STREET ADDRESS			
44 CITY-ST-ZIP				44 CITY-ST-ZIP			
51 TITLE				51 TITLE			
52 NAME				52 NAME			
53 STREET ADDRESS				53 STREET ADDRESS			
54 CITY-ST-ZIP				54 CITY-ST-ZIP			
61 TITLE				61 TITLE	900002527499		
62 NAME				62 NAME	-05/18/98--01080--016		
63 STREET ADDRESS				63 STREET ADDRESS	***200.00		
64 CITY-ST-ZIP				64 CITY-ST-ZIP			

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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Anne L. Bohn, CFO, Paragon Biomedical, Inc. (714) 851-2275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GENA H. REED Anne L. Bohn