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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600003105 (1)

PARAGON RESIDENTIAL SERVICES, INC.

	Principal Place of Business Mailing Address				E TERRIOD WAS SHING BINT OBTH BOWN BOWN BOWN BRIDE HISD HEND BOWN BOWN IS N			
SUITE 1200 SUITI		7557 RAMBLER						
		SUITE 1200						
DALLAS TX	75231	DALLAS TX 75231-4167					-(1 6	
					 Date Incorporated or Qualifie 06/19/1996 	N/		
	Prace of Business	2a. Mailing Address			4, FEI Number		Apı	pliød For
21		26			XRRKIEOKROB 75-2			Applicable
—, Suite, Ar ⊢-,	t #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	X	\$8.75 A	
22		27					Fee Re	'
City & St	ate	City & State			6. Election Campaign Financing		\$5.00	
23 Zip	Country	7ip	Country	<u> </u>	Trust Fund Contribution		Added to	
· 1	25	29	30		8. This corporation has liability f Florida Statutes	ror intangible ta		199.032,
24	9. Name and Address of Curi	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			10. Name and Address of New			
^	T CORPORATION SYSTEM		81	Name				
	00 SOUTH PINE ISLAND ROAD	1						
	ANTATION FL 33324	'	62	Street A	ddress (P.O. Box Number is Not Accep	itable)		
	ANTANON I E SOUZY		83	· · · · · ·				
						· · · · · · · · · · · · · · · · · · ·		
			84	City		FL	85 Zip C	ode
11 Porsuar	of the provisions of Sections 607 (0502 and 607 1508. Florida Stat	utes the abov	e-named c	corporation submits this statement for th		hanging its	registered
office o	ring stered agent or both, in the Sta	ale of Florida. Such change was	s authorized b	y the corpo	corporation submits this statement for the oration's board of directors. I hereby ac	cept the appoir	ntment as i	registered
agent i	ani familiar with, and accept the ob	rigations of, Section 607.0505, i	гюна Баше	S.				
SIGNATURE	Signature, typed or printed name of registered	apport and tabe if applicable (N	OTE Benistared An	ent signature tre	equired when reinstaling)	DATE		····
12.	OFFICERS A	AND DIRECTORS	13.	on organica a	ADDITIONS/CHANGES TO OF	FICERS AND D	DIRECTORS	3 IN 12
12.					· · · · · · · · · · · · · · · · · · ·		DIRECTORS Change	
	STD	AND DIRECTORS	13.		· · · · · · · · · · · · · · · · · · ·			
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR J.C. LOWEN ber

4-21-97

(214)891-2000 Daytime Phone #

FILED

May 12 1997 8:00am

Secretary of State