

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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90108 047 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000003127**

1. Corporation Name

**PARAGON ACCEPTANCE CORPORATION**



Principal Place of Business	Mailing Address
27405 PUERTA REAL, SUITE 200 MISSION VIEJO CA 92691	27405 PUERTA REAL, SUITE 200 MISSION VIEJO CA 92691

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/20/1996</b>	
21		26		4. FEI Number <b>33-0653501</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				<b>FL</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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOP <input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMONT, DENNIS D	1.2 NAME	NANCY FERGUSON
STREET ADDRESS	27405 PUERTA REAL, SUITE 200	1.3 STREET ADDRESS	200 S. HANLEY ROAD #800
CITY-ST-ZIP	MISSION VIEJO CA 92691	1.4 CITY-ST-ZIP	CLAYTON, MO 63105
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	JAMES STUBLAEC VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENNAN, MARTIN J	2.2 NAME	27405 PUERTA REAL #200
STREET ADDRESS	27405 PUERTA REAL, SUITE 200	2.3 STREET ADDRESS	MISSION VIEJO, CA 92691
CITY-ST-ZIP	MISSION VIEJO CA 92691	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	LAMONT, MARILYN	3.2 NAME	
STREET ADDRESS	200 SOUTH HANLEY, SUITE 800	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLAYTON MO 63105	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	RAHMAN, MUHIT U	4.2 NAME	
STREET ADDRESS	11111 SANTA MONICA BLVD SUITE 1127	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90025	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	MCCARTHY, FREDERICK W	5.2 NAME	
STREET ADDRESS	SIXTY STATE STREET, 21ST FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02109	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	GLOUCHEVITCH, MICHEL	6.2 NAME	
STREET ADDRESS	11111 SANTA MONICA BLVD SUITE 1127	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90025	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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES STUBLAEC

4/27/99

Date

949/348-8700

Daytime Phone #

CR2E034 (11/98)