

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

00000000

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F97000001398 (3)**

1. Corporation Name

THE PARAGON GROUP S.E., INC.



Principal Place of Business	Mailing Address
2959 MERCURY RD JACKSONVILLE FL 32207	2959 MERCURY RD JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 465 Tresca Road		26		03/18/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		58-2275098	
City & State		City & State		5. Certificate of Status Desired	
23 Jacksonville, FL		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24 32225		29		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		7. This corporation owes or has paid the current year Intangible	
25 Duval		30		Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PARKER, DARRIN L 2959 MERCURY RD JACKSONVILLE FL 32207				81 Name Mark W. Silliman	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City 465 Tresca Road	
				85 Zip Code Jacksonville FL 32225	

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 **Mark W. Silliman** **Mark W. Silliman** **7/29/98**
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	DC	NAME	GAY, KEVIN T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	2959 MERCURY RD	1.2 NAME		1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	OV	NAME	KRSTOVIC, ROBIN	2.2 NAME			
STREET ADDRESS	3250 PEACHTREE IND BLVD #203	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP			
CITY-ST-ZIP	DULUTH GA 30136	3.1 TITLE		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	COO	NAME	KRSTOVIC, ROBIN	3.3 STREET ADDRESS			
STREET ADDRESS	3250 PEACHTREE IND BLVD #203	3.4 CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	DULUTH GA 30136	4.2 NAME		4.3 STREET ADDRESS			
TITLE	D	NAME	CDGRAY, MARVIN	4.4 CITY-ST-ZIP			
STREET ADDRESS	3250 PEACHTREE IND BLVD #203	5.1 TITLE		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	DULUTH GA 30136	5.3 STREET ADDRESS		5.4 CITY-ST-ZIP			
TITLE	CEOP	NAME	KRSTOVIC, PETE W	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	3250 PEACHTREE IND BLVD #203	6.2 NAME		6.3 STREET ADDRESS			
CITY-ST-ZIP	DULUTH GA 30136	6.4 CITY-ST-ZIP					
TITLE	D	NAME	KRSTOVIC, PETE W				
STREET ADDRESS	3250 PEACHTREE IND BLVD #203						
CITY-ST-ZIP	DULUTH GA 30136						

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

7/15/98 **770 283 8026**

CR2E034 (5/98)