

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 16, 1999 8:00 am
Secretary of State
 08-16-1999 90005 039 ***550.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # F97000001398
 1. Corporation Name
THE PARAGON GROUP S.E., INC.



Principal Place of Business Mailing Address
147 TECHNOLOGY PARKWAY, NW **147 TECHNOLOGY PARKWAY, NW**
STE 100 **STE 100**
NORCROSS GA 30092 **NORCROSS GA 30092**
US **US**

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
03/18/1997
 4. FEI Number **58-2275098** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
SILLIMAN, MARK W
465 TRESCA RD
JACKSONVILLE FL 32225

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	GAY, KEVIN T	
STREET ADDRESS	2959 MERCURY RD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	KRSTOVIC, ROBIN	
STREET ADDRESS	3250 PEACHTREE IND BLVD #203	
CITY-ST-ZIP	DULUTH GA 30136	
TITLE	COO	<input checked="" type="checkbox"/> DELETE
NAME	KRSTOVIC, ROBIN	
STREET ADDRESS	3250 PEACHTREE IND BLVD #203	
CITY-ST-ZIP	DULUTH GA 30136	
TITLE	CEOP	<input checked="" type="checkbox"/> DELETE
NAME	KRSTOVIC, PETE W	
STREET ADDRESS	3250 PEACHTREE IND BLVD #203	
CITY-ST-ZIP	DULUTH GA 30136	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KRSTOVIC, PETE W	
STREET ADDRESS	3250 PEACHTREE IND BLVD #203	
CITY-ST-ZIP	DULUTH GA 30136	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DV, COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Krstovic, Robin	
2.3 STREET ADDRESS	147 Technology Pkwy Ste 100	
2.4 CITY-ST-ZIP	Norcross, Ga 30092	
3.1 TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Krstovic, Pete W	
3.3 STREET ADDRESS	147 Technology Pkwy Ste 100	
3.4 CITY-ST-ZIP	Norcross, Ga 30092	
4.1 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mark W. Silliman	
4.3 STREET ADDRESS	465 Tresca Rd.	
4.4 CITY-ST-ZIP	Jacksonville, FL 32225	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 on an attachment with an address.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (5/99)