

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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95 APR 29 PM 4:02

DOCUMENT # H99825

(2)

1. Corporation Name

95 APR 29 PM 4:02

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****208.75 ****208.75

~~PARAGON VIDEO SERVICE, INC.~~

PARAGON ELECTRONICS, INC.



Principal Place of Business

Mailing Address

3309 W WATERS AVE
BROOK PLAZA STE B
TAMPA FL 33614

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BROOK PLAZA STE B
TAMPA FL 33614

3. Date Incorporated or Qualified

02/18/1986

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3043922

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEGUSEI, BROOK
8922 N DEXTER AVE
TAMPA, 33604

81 Name

NEGUSEI, BROOK

82 Street Address (P.O. Box Number is Not Acceptable)

18412 TURNING POINT DR.

83

84 City

LUTZ

FL

85 Zip Code

33549

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	DELETED
P	NEGUSEI, BROOK	<input type="checkbox"/>
STREET ADDRESS	8922 N. DEXTER AVENUE	
CITY - ST - ZIP	TAMPA FL	
DT	NEGUSEI, BROOK	<input type="checkbox"/>
STREET ADDRESS	8922 N DEXTER AV	
CITY - ST - ZIP	TAMPA FL	
V	ARNOLD, SANEY	<input type="checkbox"/>
STREET ADDRESS	8922 N DEXTER AVE	
CITY - ST - ZIP	TAMPA FL	
S	HASSEN, HAMIDA M	<input type="checkbox"/>
STREET ADDRESS	8922 N DEXTER AVE	
CITY - ST - ZIP	TAMPA FL	
T	NEGUSEI, BROOK	<input type="checkbox"/>
STREET ADDRESS	8922 N DEXTER AVE	
CITY - ST - ZIP	TAMPA FL	
DELETED		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
	NEGUSEI, BROOK	18412 TURNING POINT DR	LUTZ FL 33549	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
	NEGUSEI, BROOK	18412 TURNING POINT DR	LUTZ FL 33549	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
	ARNOLD, SANEY	2908 KELLY RIDGE LANE	TAMPA, FL 33604	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
	HASSEN, HAMIDA M	18412 TURNING POINT DR	LUTZ FL 33549	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
	NEGUSEI, BROOK	18412 TURNING POINT DR	LUTZ FL 33549	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96

Date

818 933.3944

Daytime Phone

CR2E034 (12/95)