FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY -1 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J53804 (7)

1. Corporation Name
MANTRAP OF PARAGON CROSSINGS, INC.

Principal Place of Business
11270 4TH ST. NO.
ST. PETERSBURG FL 33716

Mailing Address
11270 4TH ST. NO.
ST. PETERSBURG FL 33716

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/22/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2770304 — 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. Florida Statutes [ ] Yes [X] No

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

9. Name and Address of Current Registered Agent
MULLINS, SONIA
11401 9TH ST. N. #602
ST PETERSBURG FL 33716

10. Name and Address of New Registered Agent
81 Name: Jill Fisher Powers
82 Street Address (P.O. Box Number is Not Acceptable): 877 Executive Center Dr. W.
83 Suite 303, Glades Bldg.
84 City: St. Petersburg FL 85 Zip Code: 33702

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: Jill Fisher Powers

12. OFFICERS AND DIRECTORS

Title	DP
Name	~~MULLINS, SONIA~~ MULLINS, SONIA
Street Address	11285 108TH LN N — Divorced
City-St-Zip	LARGO FL
Title	~~DSE~~
Name	~~MULLINS, WILLIAM~~
Street Address	~~11285 108TH LN NO~~
City-St-Zip	~~LARGO FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 Title	DP	[X] Change [ ] Addition
1 Name	Mendoza, Sonia	
1 Street Address	1515 Eden Isle Blvd., #18	
1 City-St-Zip	St. Petersburg, FL 33704	
2 Title		[ ] Change [ ] Addition
3 Title		[ ] Change [ ] Addition
4 Title		[ ] Change [ ] Addition
5 Title		[ ] Change [ ] Addition
6 Title		[ ] Change [ ] Addition

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)(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.

SIGNATURE: Sonia Mendoza, President — 5/1/95 — (813) 576-8415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0011730 CP