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**CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Myrthen  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # J91163 (2)**

1. Corporation Name  
**PARAGON SERVICES, INC.**

Principal Place of Business: P.O. BOX 1907, HOBE SOUND FL 33475-1907, US  
Mailing Address: P.O. BOX 1907, HOBE SOUND FL 33475-1907, US

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

|                                |             |                         |             |   |   |
|--------------------------------|-------------|-------------------------|-------------|---|---|
| 2. Principal Place of Business |             | 2a. Mailing Address     |             | 3. Date Incorporated or Qualified   | 3a. Date of Last Report   |
| 21                             |             | 26                      |             | 09/02/1987  | 04/26/1994  |
| 22. Suits, Apt. #, etc.        |             | 27. Suits, Apt. #, etc. |             | 4. FEI Number   | Applied For   |
| 23. City & State               |             | 28. City & State        |             | 65-0013134  | Not Applicable  |
| 24. Zip                        | 25. Country | 29. Zip                 | 30. Country | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                                      |
|                                |             |                         |             | <input type="checkbox"/>  |   |
|                                |             |                         |             | 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees   |
|                                |             |                         |             | <input type="checkbox"/>  |   |
|                                |             |                         |             | 8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

|  |  |  |  |  |    |              |  |
|--|--|--|--|--|----|--------------|--|
| 9. Name and Address of Current Registered Agent              |  |  |  | 10. Name and Address of New Registered Agent           |    |              |  |
| MCSTRAVICK, JAMES P<br>2234 ARTHUR ST.<br>HOLLYWOOD FL 33020 |  |  |  | 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: \_\_\_\_\_ (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                      | P                    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       | KLEIN, JAMES C.      | 1.2 NAME  |  |
| STREET ADDRESS             | 8891 SE EAGLE AVENUE | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | HOBE SOUND FL        | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | V                    | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       | KLEIN, JAMES K       | 2.2 NAME  |  |
| STREET ADDRESS             | 1309 BROOKFIELD      | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | LONGMOUNT CO         | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                      | 3.1 TITLE   | S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                      | 3.2 NAME  | Debra L. Klein   |
| STREET ADDRESS             |                      | 3.3 STREET ADDRESS                                    | 8891 S.E. Eagle Ave.   |
| CITY - ST - ZIP            |                      | 3.4 CITY - ST - ZIP                                   | Hobe Sound, Fl.  |
| TITLE                      |                      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       |                      | 4.2 NAME  |  |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                      | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       |                      | 5.2 NAME  |  |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                      | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       |                      | 6.2 NAME  |  |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                      | 6.4 CITY - ST - ZIP                                   |  |

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with this filing.

SIGNATURE: James C. Klein 4/18/95 (407) 546-3789  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #