

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

DOCUMENT # L54132 (0)

1. Corporation Name

PARAGON LOCOMOTION, INC.



Principal Place of Business

1450 S. DIXIE HWY
BOCA RATON FL 33432

Mailing Address

1450 S. DIXIE HWY
BOCA RATON FL 33432

3. Date Incorporated or Qualified

02/27/1990

3a. Date of Last Report

04/24/1995

4. FEI Number

65-0252026

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITHER, ROBERT M JR
% WORRELL ENTERPRISES, INC.
140 S. DIXIE HWY.
BOCA RATON FL 33432

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME WORRELL, THOMAS E., JR.
STREET ADDRESS 1450 S. DIXIE HWY.
CITY-ST-ZIP BOCA RATON FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE DV
NAME FREAKLEY, EDWIN M.
STREET ADDRESS 1450 S. DIXIE HWY.
CITY-ST-ZIP BOCA RATON FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE S
NAME WORRELL, ODETTE A.
STREET ADDRESS 1450 S. DIXIE HWY.
CITY-ST-ZIP BOCA RATON FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE DVT
NAME SMITHER, ROBERT M., JR.
STREET ADDRESS 1450 S. DIXIE HWY.
CITY-ST-ZIP BOCA RATON FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE VAS
NAME GOODYEAR, KIM
STREET ADDRESS 1450 S. DIXIE HWY.
CITY-ST-ZIP BOCA RATON FL

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE AT
NAME WINTZER, WILLIAM R
STREET ADDRESS 1450 S. DIXIE HWY.
CITY-ST-ZIP BOCA RATON FL

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 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:

William R. Wintzer

WILLIAM R. WINTZER

4/26/96 (407) 338-3298

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Florida #

CR2E034 (12/95)