

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 # **L80716** (8)

1. Corporation Name

PARAGON BUSINESS SYSTEMS INC.



Principal Place of Business

Mailing Address

**3446 PARKWAY CENTER COURT
ORLANDO FL 32808**

**3446 PARKWAY CENTER COURT
ORLANDO FL 32808**

3. Date Incorporated or Qualified
06/14/1990

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 **1411 CALATHEA DRIVE**

26 **P.O. BOX 680698**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

23 **ORLANDO FL**

28 **ORLANDO FL**

Zip

Country

Zip

Country

24 **32818**

25 **USA**

29 **32868-0698**

30 **USA**

4. FEI Number
59-3013250

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fees 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DALESSANDRO, ANTHONY J.
1411 CALATHEA DR.
ORLANDO FL 32818**

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

4/8/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PT** ☐ DELETE
NAME **DALESSANDRO, ANTHONY J.**
STREET ADDRESS **1411 CALATHEA DR.**
CITY- ST- ZIP **ORLANDO FL**

TITLE **V** ☐ DELETE
NAME **DALESSANDRO, PATRICIA J**
STREET ADDRESS **1411 CALATHEA DR**
CITY- ST- ZIP **ORLANDO FL**

TITLE **V** ☒ DELETE
NAME **WALSH, JOSEPH J**
STREET ADDRESS **228 MAGNOLIA STREET**
CITY- ST- ZIP **WINDERMERE FL 34786**

TITLE **S** ☒ DELETE
NAME **WALSH, ANNEMARIE P**
STREET ADDRESS **228 MAGNOLIA STREET**
CITY- ST- ZIP **WINDERMERE FL 34786**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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

A. J. DALESSANDRO

4/8/96
Date

407-293-3311
Daytime Phone #

CR2E034 (12/95)