FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

L98888

(5)

FILED

May 11 1998 8:00am

Secretary of State

PARAG	ion Homebuilders, Inc.							
Principal Plac	e of Business	Mailing Address				- 1 10011011 010 10101 10161 10161 1017 1017	MINER MINIT MISTE NINET	HUNTI WEDAN TOUR
2580 85TH COURT 2580 85TH COURT VERO BCH FL 32966 VERO BCH FL 32966 US US			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualified		
2 Principal P	lace of Business	2a. Mailing Address				09/06/1990 4. FEI Number		Lange of Face
21		26	├ ¬			65-0224475	- +	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	. ♥ s.m.=!			¢0.75	Additional	
22		27				5. Certificate of Status Desired	,	Required
City & State		City & State		6. Election Campaign Financing	\$5.0	May Be		
23		28					Adde	to Fees
Zip	Country	Zip	Cour	niry		B. This corporation owes or has paid		
24	9. Name and Address of Currer	29	30]			Personal Property Tax due June 3 10. Name and Address of New Regi		No No
W	CRACKEN, P. SCOTT	it trogistions rigorit		81	Name	IO. Hame Bild Address of New Aegi	stered Agent	
	25 18 AVENUE S.W.							
	RO BEACH FL 32962			82	Street Addre	ss (P.O. Box Number is Not Acceptable)	
				83				
			-	84	City		lan 7:	O-do
				1	ŕ			Code
Office of f	edigiered adent of both in the State	rot Florida, Suich change war	DUITONION	i hu	the corneration	ration submits this statement for the pur on's board of directors. I hereby accept	pose of changing	its registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, F	orida Statu	iles.		in a board or directors. Thereby accept	пю арропилені а	s registered
SIGNATURE	· · · · · · · · · · · · · · · · · · ·				·			
12.	Signature, typed or punted name of registered ago OFFICERS AN		E Registered	Ager	ol signature required	 	DATE	DO 11 40
TITLE	P	DELETE	1.1 TiT	LE		ADDITIONS/CHANGES TO OFFICE	Change	
NAME	MCCRACKEN P. SCOTT	—	1.2 NAI					
STREET ADDRESS	1425 18 AVENUE S.W.				ADDRESS			
CITY-ST-ZIP	MEDA DEACH EL		1.4 CIT					
TITLE			2.1 TITI	LE			Change	☐ Addition
NAME	MACCONNELL, THOMAS C		2.2 NA	ΜE				
STREET ADDRESS	2580 85TH CT		2.3 STR	REET #	ADDRESS			
CITY-ST-ZIP	VERO BEACH FL		2. 4 CI	[Y-S]	T-ZIP			
TITLE		L_] DELETE	3.1 TITU				Change	Addition
NAME			3.2 NAM					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4, CIT		I - ZIP		Change	Addition
NAME :			4.1 TITU 4.2 NA				∟ change	☐ Addition
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			4.4 CIT					
TITLE		DELETE	5 1 1/10				☐ Change	Addition
NAME			52 NAN	ME				
STREET ADDRESS			5 3 S1R	REET A	ADDRESS			}
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CIT	Y - \$1	- ZIP			
TITLE		DELETE	6.1 TITL	LE		-	☐ Change	Addition
NAME			6.2 NAN	ME				
STREET ADDRESS			6.3 STR	EET A	ADDRESS			
CITY-ST-ZIP	ertify that the information supplied w	ith this filing does not qualify t	6.4 CITY			notion 110 07/2Vi) Florida Statutas I fu	eth an a analy i all a st	- 1a (

Indicated on this annual report or supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 a requirement with an address.