FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:09

DOCUMENT # N03508 (1)

1. Corporation Name
PARAGON FUND, INC.

Principal Place of Business	Mailing Address
%RALPH R. MADIO 200 S PARK ROAD #465 - P.O. BOX 7089 HOLLYWOOD FL 33021-8335	%RALPH R. MADIO 200 S PARK ROAD #465 - P.O. BOX 7089 HOLLYWOOD FL 33021-8335

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1984
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2449505 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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 P.O. Box 7089 (33081)	26 P.O. Box 7089 (33081)
Suite, Apt. #, etc. 22 2514 Hollywood Blvd #406	Suite, Apt. #, etc. 27 2514 Hollywood Blvd #406
City & State 23 Hollywood FL	City & State 28 Hollywood, FL
Zip 24 33020 Country 25 Broward	Zip 29 33020 Country 30 Broward

9. Name and Address of Current Registered Agent

MADIO, RALPH R.
200 SOUTH PARK ROAD
SUITE 465
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable): 2514 Hollywood Blvd #406
83
84 City: FL 85 Zip Code: 33020

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, JOHN I.	12 NAME	
STREET ADDRESS	4701 N.FEDERAL HWY.,#C10	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	SCHEUREN, JOHN P.	22 NAME	
STREET ADDRESS	711 = 12TH STREET NORTH	23 STREET ADDRESS	1392 Monterey Blvd. N.E.
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP	St. Petersburg, FL 33704
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	MCCULLY, ALVIE C.	32 NAME	
STREET ADDRESS	1207 HODGES DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	ROSS JR., ROBERT R.	42 NAME	
STREET ADDRESS	530 S NOKOMIS AVE #8	43 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	KAELIN, JAMES E.	52 NAME	
STREET ADDRESS	836 PRUDENTIAL DR	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	PORTERFIELD JR., JAMES M	62 NAME	
STREET ADDRESS	1812 N MILLS AVE	63 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 02/06/95 813-895-3311
(Signature and Typed or Printed Name of Signing Officer or Director) (Date) (Telephone Number)
John P. Scheuren, President

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