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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N03508

(1)

PARAGON FUND, INC.

I AMAGNI I OND, INC.				
Principal Place of Business	Mailing Address			414 01011 04011 04031 01011 01011 01011 1001
P O BOX 7089 2514 HOLLYWOOD BLVD #406 HOLLYWOOD FL 33020 US	P O BOX 7089 2541 HOLLYWOOD BLVI HOLLYWOOD FL (33020) US		3. Date Incorporated or Qualified 06/07/1984	3a. Date of Last Report 02/16/1995
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26 P. O. Box	7029	59-2449505	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-1 /	5. Certificate of Status Desired	\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
Crty & State	City & State	وسن	6. Election Campaign Financing	\$5.00 May Be
23	28 HOLLYWOOD		Trust Fund Contribution	— Added to Fees
Zip Country 25 ·	Zφ 3308/	Country 30 USA	This corporation has liability for in Florida Statutes	itangible tax under s. 199.032,] Yes 🛣 No
9. Name and Address of Curro		130 0 57	10. Name and Address of New Re	
		81 Name		
MADIO, RALPH R.		82 Street Add	Iress (P.O. Box Number is Not Acceptable	
2541 HOLLYWOOD BLVD #406		52 5969. Add	INCOME TO THE PROPERTY OF THE	-1
SUITE 465		83		
HOLLYWOOD FL 33021		84 City		85 Zip Code
		Oity		FL S Z COGE
or registered agent, or both, in the State of Flo	orida. Such change was authorize	ed by the corporation's boa	ard of directors. I hereby accept the appoi	intment as registered agent. I am
or registered agent, or both, in the State of Flo familiar with, and accept the obligations of, Se S:GNATURE Signalure, typed or printed name of registrond agents.		E: Registered Agent signature require	ed when renstating	DATE
S:GNATURE Signature, typed or printed name of registrated agreement. 12. OFFICERS A	er Land title if applicable (NO ND DIRECTORS	TE: Registered Agent signature require		DATE CERS AND DIRECTORS IN 12
SIGNATURE Signature, typed or printed name of registered age 12. OFFICERS A TITLE SD	ert and title if applicative (NO	IE: Registered Agent signature requir	ed when renstating	DATE
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SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OF DIRECTOR P. SCHEUREN

914.935.6644 Daytrie Phone #