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NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N03508

(1)

1. Corporation Name

PARAGON FUND, INC.



Principal Place of Business

Mailing Address

P O BOX 7089
2514 HOLLYWOOD BLVD #406
HOLLYWOOD FL 33020
US

P O BOX 7089
2541 HOLLYWOOD BLVD #406
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

21

26

4. FEI Number

59-2449505

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

MADIO, RALPH R.
2541 HOLLYWOOD BLVD #406
SUITE 465
HOLLYWOOD FL 33021

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
SD
WILLIAMS, JOHN I.
STREET ADDRESS
4701 N.FEDERAL HWY., #C10
CITY-ST-ZIP
FT LAUDERDALE FL

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
PD
SCHEUREN, JOHN P.
STREET ADDRESS
1392 MONTEREY BLVD., N.E.
CITY-ST-ZIP
ST PETERSBURG FL

21 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
TD
MCCULLY, ALVIE C.
STREET ADDRESS
1207 HODGES DRIVE
CITY-ST-ZIP
TALLAHASSEE FL

22 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
VD
ROSS JR., ROBERT R.
STREET ADDRESS
530 S NOKOMIS AVE #8
CITY-ST-ZIP
VENICE FL

23 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
VD
KAELIN, JAMES E.
STREET ADDRESS
836 PRUDENTIAL DR
CITY-ST-ZIP
JACKSONVILLE FL

24 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
VD
PORTERFIELD JR., JAMES M
STREET ADDRESS
1812 N MILLS AVE
CITY-ST-ZIP
WINTER PARK FL

25 CITY-ST-ZIP ☐ Change ☐ Addition

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 617, 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

JOHN P. SCHEUREN

2-6-96

Date

954-925-6644

Daytime Phone #

CR2E037 (12/95)