


FILE NOW: FILING FEE IS \$61.25

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96 FEB 29 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P13949 (3)
1. Corporation Name
PARAGON CAPITAL CORPORATION

Principal Place of Business 120 WALL STREET, 28TH FLOOR NEW YORK NY 10005	Mailing Address 120 WALL STREET, 28TH FLOOR NEW YORK NY 10005
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2. Principal Place of Business 21 7 Hanover Square Suite, Apt. #, etc. 22 2nd Floor City & State 23 New York, NY Zip 24 10004	2a. Mailing Address 26 7 Hanover Square Suite, Apt. #, etc. 27 2nd Floor City & State 28 New York, NY Zip 29 10004
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3. Date Incorporated or Qualified 04/07/1987	3a. Date of Last Report 04/12/1995
4. FEI Number 22-2735866	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LEVINE, GEORGE B
2000 BISCAYNE BLVD., #300
MIAMI FL 33181-2710**

10. Name and Address of New Registered Agent
81 Name
Levine, George B
82 Street Address (P.O. Box Number is Not Acceptable)
1250 E. Hallendale Beach Blvd.
83 **Suite 300**
84 City
Hallendale 85 Zip Code
FL 33009

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEVINE, DANNY		1.2 NAME Levine, Danny	
STREET ADDRESS 120 WALL STREE, 28TH FL		1.3 STREET ADDRESS 7 Hanover Square, 2nd Flr.	
CITY-ST-ZIP NEW YORK NY 10005		1.4 CITY-ST-ZIP New York, NY 10004	
TITLE DC	<input type="checkbox"/> DELETE	2.1 TITLE DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEVINE, GEORGE		2.2 NAME Levine, George	
STREET ADDRESS 12000 BISCAYNE BLVD., #300		2.3 STREET ADDRESS 1250 E. Hallendale Beach Blvd.	
CITY-ST-ZIP MIAMI FL 33181-2710		2.4 CITY-ST-ZIP Hallandale, FL 33009	
TITLE DS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEVINE, MARC I		3.2 NAME	
STREET ADDRESS 2424 N. FEDERAL HWY		3.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33431		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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[Handwritten Signature]

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]* **Danny J. Levine** 2/7/96 (212) 742-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)