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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P13949

(3)

| PARAGON CAPITAL CORPORATION                        |   |   |   |                                       |                           | 1 2001-100; 101 MB00 Hith (Best Gibls) |  |                                       |                                       |  |
|--|---|---|---|---------------------------------------|---------------------------|--|--|---------------------------------------|---------------------------------------|--|
|  |   |   |   |                                       |                           |  |  |                                       |                                       |  |
| Principal Place of Business Mailing Address        |   |   |   |                                       |                           |  | I PORTFORT FOR TROUB ARREQ LETTE DADIO (   | 18   18   18   18   18   18   18   18 | iinii disii dibii sadi                |  |
| 7 HANOVER SQUARE 7 HANOVER SQUARE                  |   |   |   |                                       |                           |  |  |                                       |                                       |  |
| 2ND FLOOR NEW YORK NY 10004 NEW YORK NY 10004-2616 |   |   |   |                                       |                           |  |  |                                       |                                       |  |
| THE I TOTAL IN                                     | 10007   | 14211 101   | THE TOTAL CITY TOWN TO THE                          |                                       |                           |  | 3. Date incorporated or Qualified 04/07/1967                                     | 3a. Date of Last Report<br>02/29/1996 |                                       |  |
|  | ace of Business   | <del> </del>  | g Address   |                                       |                           |  | 4. FEI Number  |                                       | Applied For                           |  |
| 21 Cuito Ant                                       | # ata   | 26 Cuite  | A-1 # -1-   | <del></del>                           |                           |  | 22-2735866   |                                       | Not Applicable                        |  |
| Suite, Apt.  | #, etc.   | <b>—</b>  | Suite, Apt. #, etc.                                 |                                       |                           |  | 5. Certificate of Status Desired   | Status Desired                        |                                       |  |
| City & State                                       | )   |   | State   | · · · · · · · · · · · · · · · · · · · |                           |  | 6. Election Campaign Financing   |                                       | .00 May Be                            |  |
| 23   |   | 28  |   |                                       |                           |  | Trust Fund Contribution  |                                       | ded to Fees                           |  |
| Zip  | Country   | Zip   |   | Co                                    | untry                     |  | 8. This corporation has liability for in   |                                       | ier s. 199.032,                       |  |
| 24 ′   | 25  | 29  |   | 30                                    | ,                         |  |  | Yes No                                |                                       |  |
| <b>44</b>  | 9. Name and Address of Curre  | nt Registered /   | Agent   |                                       | 81                        | Name                                   | 10. Name and Address of New Reg  | latered Agent                         | · · · · · · · · · · · · · · · · · · · |  |
|  |   |   |   |                                       |                           | Name                                   |  |                                       |                                       |  |
| LEVINE, GEORGE B                                   |   |   |   |                                       | 62                        | Street Addre                           | treet Address (P.O. Box Number is Not Acceptable)                                |                                       |                                       |  |
| 1250 E. HALLENDALE BEACH BLVD.<br>SUITE 300        |   |   |   |                                       | 83                        |  |  |                                       | <del></del>                           |  |
|  | DALE FL 33009   |   |   |                                       |                           |  |  |                                       |                                       |  |
| TALLEMBALE TE 60000                                |   |   |   |                                       | 84                        | City                                   |  | FL 85                                 | Zip Code                              |  |
| 11. Pursuant to office or reacent. Lac             | o the provisions of Sections 617.05 egistered agent, or both, in the State of familiar with, and accept the oblic | 02 and 617.150<br>e of Florida, Suc<br>nations of Secti | 8, Florida State<br>ch change was<br>on 617,0503, F | utes, the a<br>authorize              | above<br>ed by<br>atutes. | -named corp<br>the corporati           | oration submits this statement for the pron's board of directors. I hereby accep |                                       | ng its registered<br>it as registered |  |
| SIGNATURE  |   | ,   |   |                                       |                           | •                                      |  |                                       |                                       |  |
|  | Signature, typed or printed name of registered ag   |   |   |                                       |                           | nt signature require                   | icl when reinstating)  | DATE                                  |                                       |  |
| 12.  | PD OFFICERS AF  | ID DIRECTORS  | DELETE  | 13.                                   | TITLE                     | · · · I                                | ADDITIONS/CHANGES TO OFFIC   | ERS AND DIREC                         |                                       |  |
| NAME   | LEVINE, DANNY   |   | DELLIE  | 1                                     | NAME                      |  |  |                                       | inge Addition                         |  |
| STREET ADDRESS                                     | 7 HANOVER SQUARE, 2ND   | FLOOR   |   |                                       |                           | ADDRESS                                |  |                                       |                                       |  |
| CITY-ST-ZIP  | NEW YORK NY 10004   | 1 50011   |   |                                       | CITY-ST                   |  |  |                                       |                                       |  |
| TITLE  | DC  |   | DELETE  |                                       | ITLE                      | - 1-11                                 |  | Cha                                   | inge Addition                         |  |
| NAME   | LEVINE, GEORGE  |   |   | 2.21                                  | NAME                      |  |  | _                                     | • –                                   |  |
| STREET ADDRESS                                     | 1250 E. HALLENDALE BEAC   | H BLVD.   |   | 2.3 9                                 | STREET A                  | ADDRESS                                |  |                                       |                                       |  |
| CITY-ST-ZIP  | HALLENDALE FL 33009   |   |   | 2.4                                   | CITY-SI                   | T-ZIP                                  |  |                                       |                                       |  |
| TITLE  | DS  |   | DELETE  | 3.1 ]                                 | TITLE                     |  | · · · · · · · · · · · · · · · · · · ·  | ☐ Cha                                 | nge 🔲 Addition                        |  |
| NAME   | LEVINE, MARC I  |   |   | 3.21                                  | MAME                      |  |  |                                       |                                       |  |
| STREET ADDRESS                                     | 2424 N. FEDERAL HWY   |   |   | 3.3 9                                 | STREET /                  | ADDRESS                                |  |                                       |                                       |  |
| CITY-ST-ZIP  | BOCA RATON FL 33431   |   |   | 3.4.                                  | CITY-SI                   | T-ZIP                                  |  |                                       |                                       |  |
| TITLE  |   |   | ☐ DELETE  | 4.1 1                                 | TITLE                     |  |  | Cha                                   | inge 🔲 Addition                       |  |
| NAME   |   |   |   | 4. 2                                  | NAME                      |  |  |                                       |                                       |  |
| STREET ADDRESS                                     |   |   |   | 4.3 9                                 | STREET A                  | ADDRESS                                |  |                                       |                                       |  |
| CITY-ST-ZIP  | <del> </del>  |   | T DEVETE  |                                       | CITY-ST                   | - ZIP                                  | W  |                                       |                                       |  |
| TITLE  |   |   | DELETE  |                                       | TITLE                     | -                                      |  | L. Cha                                | inge L. Addition                      |  |
| NAME   |   |   |   |                                       | NAME                      |  |  |                                       |                                       |  |
| STREET ADDRESS                                     |   |   |   |                                       |                           | ADDRESS                                |  |                                       |                                       |  |
| CITY-ST-Z#P<br>TITLE                               |   |   | DELETE  |                                       | CITY-ST<br>TITLE          | - ZIP                                  |  | Cha                                   | inge Addition                         |  |
| NAME   |   |   |   |                                       | NAME                      |  |  | C CIR                                 | יישרי בייין ראטווועו                  |  |
| STREET ADDRESS                                     |   |   |   |                                       |                           | ADDRESS .                              | •  |                                       |                                       |  |
| CITY-ST-ZIP  |   |   |   |                                       | DITY-ST                   | 1                                      |  |                                       |                                       |  |
| 14. I do hereb                                     | y certify that the information supplie  | ed with this filing                                     | does not que  | lify for the                          | exen                      | nption stated                          | In Section 119.07(3)(i), Florida Statutes  | . I further certify                   | that the                              |  |
| information  | n indicated on this annual report or  | supplemental a<br>r the receiver o                      | nnual report is<br>r trustee empo                   | true and<br>wered to                  | <b>accur</b>              | rate and that                          | my signature shall have the same legal<br>as required by Chapter 617, Florida Si | effect as if mad                      | e under oath; the                     |  |

SIGNATURE:

ATUNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97 (2)

(212) 742-1500

**FILED** 

Feb 19 1997 8:00am

Secretary of State

Destine Phone # \_\_\_\_\_\_