

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90024 036 ***150.00

DOCUMENT # P93000026635 (1)

1. Corporation Name

PARAGON CONSULTING SERVICES, INC.

Principal Place of Business

1906 HARBOURSIDE DR
UNIT 301
LONGBOATKEY FL 34228

Mailing Address

300 EXECUTIVE DR
WEST ORANGE NJ 07052
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1993

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 One Paragon Drive

22 City & State 27 Suite 145

23 Zip 28 Montvale, NJ

24 Country 25 07645 30 US

4. FEI Number

65-0403226

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

HELLER, ROBERT
1906 HARBOURSIDE DR
UNIT 301
LONGBOATKEY FL 34228

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME HELLER, ROBERT
STREET ADDRESS 1906 HARBOURSIDE DR UNIT 301
CITY-ST-ZIP LONGBOATKEY FL

TITLE S
NAME SCHAEVITZ, MARK
STREET ADDRESS 300 EXECUTIVE DR
CITY-ST-ZIP WEST ORANGE NJ

TITLE T
NAME CHIN, RICHARD
STREET ADDRESS 300 EXECUTIVE DR
CITY-ST-ZIP WEST ORANGE NJ

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0713(4), 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 607, 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