

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

MAY - 1 PM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000054146 (4)**

1. Corporation Name

**PARAGON SERVICES GROUP, INC.**

Principal Place of Business

Mailing Address

4770 BISCAYNE BLVD.  
SUITE 970  
MIAMI FL 33137

9945 S.W. 223 TERRACE  
MIAMI FL 33190

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/28/1993** 3a. Date of Last Report **04/29/1994**

4. FET Number **65-0441415** 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  
Trust Fund Contribution

7. This corporation has liability for this filing fee under § 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 **9945 SW 223 Terr**

25

22 Suite, Apt #, etc

27 Suite, Apt #, etc

23 City & State

**Miami FL**

26 City & State

24 Zip

**33190**

25 Locality

**SW**

29 Zip

30 Locality

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BELL, JEANNE  
9945 S.W. 223 TERRACE  
MIAMI FL 33190**

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 the 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 must be printed name of registered agent or director)

(Print Registered Agent's Name, Address and Telephone)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

**DP  
BELL, TERRY S  
9945 SW 223 TERR  
MIAMI FL 33190**

13.1 TITLE  
13.2 NAME  
13.3 STREET ADDRESS  
13.4 CITY, ST, ZIP

Change  Addition

12.2 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

**VTD  
WHITLEY, TYRUS R  
14693 SW 142 PLACE CIRCLE  
MIAMI FL 33190**

13.5 TITLE  
13.6 NAME  
13.7 STREET ADDRESS  
13.8 CITY, ST, ZIP

Change  Addition

12.3 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

**SD  
BELL, JEANNE  
9945 S.W. 223 TERRACE  
MIAMI FL 33190**

13.9 TITLE  
13.10 NAME  
13.11 STREET ADDRESS  
13.12 CITY, ST, ZIP

Change  Addition

12.4 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13.13 TITLE  
13.14 NAME  
13.15 STREET ADDRESS  
13.16 CITY, ST, ZIP

Change  Addition

12.5 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13.17 TITLE  
13.18 NAME  
13.19 STREET ADDRESS  
13.20 CITY, ST, ZIP

Change  Addition

12.6 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13.21 TITLE  
13.22 NAME  
13.23 STREET ADDRESS  
13.24 CITY, ST, ZIP

Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that, not guilty for the exception stated in Section 199.03(3)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the owner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this form, unchanged, or as an attachment with an address.

SIGNATURE:

*Jeanne Bell*

Sec/DIR J Bell

4/25/95

305-232-7588

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)