

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000058076 (9)

1. Corporation Name

PARAGON INTERNATIONAL MARKETING, INC.

Principal Place of Business

3693 CHERRY HILLS COURT
GREEN COVE SPRINGS FL 32043

Mailing Address

3693 CHERRY HILLS COURT
GREEN COVE SPRINGS FL 32043

2. Principal Place of Business

21 **21**

Code, Apt. #, etc.

2a. Mailing Address of

26

Code, Apt. #, etc.

22 **22**

City & State

27

City & State

23 **23**

City & State

28

City & State

24 **24**

City & State

29

City & State

30

City & State

9. Name and Address of Current Registered Agent

VAN ROYAL, BERT
3693 CHERRY HILLS COURT
GREEN COVE SPRINGS FL 32043

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 607.1609, 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 607.0502, Florida Statutes.

SIGNATURE:

(Please print clearly and legibly. Do not use inkjet or dot matrix printer)

(Do not sign this page if you are signing a separate document elsewhere)

DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME: **PVT**
STREET ADDRESS: KOWALSKI, JOERG F
CITY, ST, ZIP: 3693 CHERRY HILLS COURT
GREEN COVE SPRINGS FL 32043

1. NAME	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
---------	---------	-------------------	------------------	---------------------------------	-----------------------------------

NAME: **S**
STREET ADDRESS: VAN ROYAL, BERT
CITY, ST, ZIP: 3693 CHERRY HILLS COURT
GREEN COVE SPRINGS FL 32043

1. NAME	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
---------	---------	-------------------	------------------	---------------------------------	-----------------------------------

NAME:
STREET ADDRESS:
CITY, ST, ZIP:

1. NAME	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
---------	---------	-------------------	------------------	---------------------------------	-----------------------------------

NAME:
STREET ADDRESS:
CITY, ST, ZIP:

1. NAME	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
---------	---------	-------------------	------------------	---------------------------------	-----------------------------------

NAME:
STREET ADDRESS:
CITY, ST, ZIP:

1. NAME	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
---------	---------	-------------------	------------------	---------------------------------	-----------------------------------

NAME:
STREET ADDRESS:
CITY, ST, ZIP:

1. NAME	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
---------	---------	-------------------	------------------	---------------------------------	-----------------------------------

14. I declare, by oath, that the information supplied with this form is voluntary furnished and does not qualify for the exemption provided for in Chapter 110 (7)(b), 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. I am an officer or director of this corporation or the person so testifying is empowered to execute the report as required by Chapter 607, Florida Statutes, and that my signature appears on Block 12 or Block 13 if changed or on an alternate page with an addendum.

SIGNATURE:

(PRINTED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DULY AUTHORIZED AGENT)

Bert V. Royal 2/7/95 1074-284-3453

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55760 14 PM 4:29

DO NOT WRITE IN THIS SPACE

3. Date of Corporate Organization | 39. Date of Last Report

08/12/1993

03/11/1994

4. File Number

59-3100502

Applied For
 Not Applicable

5. Certificate of Status Pending

\$8.75 Additional
Fee Required

6. Election Campaign Financing \$5.00 May Be
Third Party Contribution Added to Fees

7. This corporation has liability for intangible tax under S. 199.010,
Florida Statutes Yes No

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

000000 CP