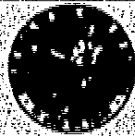


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000069349 (7)

1. Corporation Name

PARAGON RELIABLE ORGANIZATION, INC.

Principal Place of Business

**480 DAVIS BLVD.
NAPLES FL 33942**

Mailing Address

**480 DAVIS BLVD.
NAPLES FL 33942**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1993

3a. Date of Last Report

04/14/1994

2. Principal Place of Business

21

2a. Mailing Address

2a

4. FEI Number

65-0452583

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BONAQUIST, JAMES A JR.
MONACO CARDILLO & KEITH P.A.
3550 EAST TAMAM TRAIL
NAPLES FL 33962**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **SHELTON, PHILLIP**
STREET ADDRESS **4989 GOLDEN GATE PARKWAY, SUITE 339**
CITY - ST - ZIP **NAPLES FL 33990**

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

TITLE **DST**
NAME **SHELTON, GRETCHEN**
STREET ADDRESS **4989 GOLDEN GATE PARKWAY, SUITE 339**
CITY - ST - ZIP **NAPLES FL 33990**

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

TITLE **DV**
NAME **VALK, FAYANN**
STREET ADDRESS **4989 GOLDEN GATE PARKWAY, SUITE 339**
CITY - ST - ZIP **NAPLES FL 33990**

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

TITLE **D**
NAME **VALK, WILLARD N**
STREET ADDRESS **4989 GOLDEN GATE PARKWAY, SUITE 339**
CITY - ST - ZIP **NAPLES FL 33990**

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

NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Phillip A. Shelton Jr.

Phillip A. Shelton Jr.

4/12/95

813-775-6000

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Daytime Phone #