

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

FILED
May 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # PA30000069349
 1. Corporation Name
Paragon Reliable Organization, Inc.

Principal Place of Business 4890 Davis Blvd Naples, FL 34104	Mailing Address 4890 Davis Blvd Naples, FL 34104
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/06/1993	3a. Date of Last Report 1996
21	26	4. FEI Number 65-0452583	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

Philip Shelton
6031 Hollow Drive
Naples, FL 34112

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shelton, Philip	1.2 NAME	
STREET ADDRESS	6031 Hollow Drive	1.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34112	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Valk, Fayann	2.2 NAME	
STREET ADDRESS	4989 Golden Gate Pkwy	2.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34116	2.4 CITY-ST-ZIP	
TITLE	T/S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shelton, Gretchen	3.2 NAME	
STREET ADDRESS	6031 Hollow Drive	3.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34112	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Valk, Willard	4.2 NAME	
STREET ADDRESS	4989 Golden Gate Pkwy	4.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34116	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an appointment with an address.

SIGNATURE: *[Signature]* **Philip Shelton** X 4/29/97 X 455-9666

CR2E034 (9/96)