

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000010896 (6)

1. Corporation Name
PARADIGM INTEGRATION CORPORATION

Principal Place of Business
86 TIFTON WAY NORTH
PONTE VEDRA BEACH FL 32082
US

Mailing Address
86 TIFTON WAY NORTH
PONTE VEDRA BEACH FL 32082-3319
US



2. Principal Place of Business

21 2631 S. PONTE VEDRA BLVD
Suite, Apt. #, etc.

22 City & State
PONTE VEDRA BEACH, FL

23 Zip
32082

24 LSA

2a. Mailing Address

26 2631 S. PONTE VEDRA BLVD
Suite, Apt. #, etc.

27 City & State
PONTE VEDRA BEACH, FL

28 Zip
32082

29 LSA

3. Date Incorporated or Qualified
02/09/1994

3a. Date of Last Report
05/10/1996

4. FEI Number
59-3260643

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FALLS, JACK L
86 TIFTON WAY NORTH
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name
JACK L. FALLS
82 Street Address (P.O. Box Number is Not Acceptable)
2631 S. PONTE VEDRA BLVD.
83
84 City
PONTE VEDRA BEACH FL 85 Zip Code
32082

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 *Jack L. Falls* JACK L. FALLS 5-1-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	FALLS, JACK	708 N THIRD ST	JACKSONVILLE BEACH FL 32250	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 on an attachment with an address.

SIGNATURE: *Jack L. Falls* 5-1-97 904-829-1951
JACK L. FALLS Date: Daytime Phone #

CR2E034 (9/96)