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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000031620 (5)

PARAGON MARKETING SPECIALTIES, INC.

Principal Place of Business
3601 N DIXIE HWY SUITE 7 BOCA RATON FL 33431

Mailing Address

3601 N DIXIE HWY

FILED Apr 10 1997 8:00am Secretary of State



SUITE 7 BOCA RATON FL 33431		SUITE 7 BOCA RATON FL 33431-5901		Date Incorporated or Qualified 04/26/1994	3a. Da			port		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	01/30/1996 Applied For				
21 352	NE 3rd Aie.	26 352 NE	3 - /	tre.	65-0492435		<u> </u>	-+	Applicable	
Suite, Apt. #, etc. 22 City & State City & State 23 Delray Beach FL 28 Delray Seach					5. Certificate of Status Desired			\$8.75 Additional Fee Required		
				FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip 334	Country 144 25 Polm Beach	Zip	Coun	In beacl	8. This corporation has liability for in Florida Statutes	ntangible Yes		der s.	199.032,	
	g. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered A	lgent			
CHR	NSTIANSEN, RENEE		1	1 Name	-					
	SE 1ST AVE		1	2 Street Add	ress (P.O. Box Number is Not Acceptable	(e)	·			
	A RATON FL 33432					-,				
			[4	13						
				4 City			85	Zip C	ode	
			[0.0		FL		£.,p &	000	
SIGNATURE	m familiar with, and accept the obligat				ifed when reinstating)	DATE				
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC	CTORS	IN 12	
TITLE	P	DELETE	11717	E			Ch	ange	Addition	
NAME	CHRISTIANSEN, RENEE D		12 NA	IE .						
STREET ADDRESS	976 BANYAN DR.		1.3 STF	EET ADDRESS						
CITY - S1 - ZIF	DELRAY BEACH FL 33483		1.4 CIT	-ST-ZIP						
TITLE		☐ DELETE	2.1 TITI	Ē			Ch	ange	Addition	
NAME	1		2.2 NAI	tE :						
STREET ADDRESS			2.3 STF	EET ADDRESS						
CHY-S1-ZIP			2.4 CIT	Y-ST-ZIP						
TITLE		DELETE	3.1 TtT	E			Ch	ange	Addition	
NAME			3.2 NAI	SE .						
STREET ADDRESS			3.3 STF	EET ADDRESS						
CHY-ST-ZIP			3.4. Ct1	Y-ST-ZIP						
TITLE		DELETE	4.1 101	£			☐ Ch	ange	Addition	
NAME			4. 2 NA	ME						
STREET ADDRESS			4.3 STF	EET ADDRESS						
CITY-ST-ZIP			4.4 CIT	/-ST-ZIP						
Trite		DELETE	5.1 TIT	E			☐ Ch	ange	Addition	
ı			5.2 NA	AE						
NAME			F 0.070	EET ADDRESS						
NAME STREET ADDRESS			5.3 511	cer ribbileoo						
				r- \$1- Z IP						
STREET ADDRESS		DELETE		r-ST-ZIP			Ch	ange	Addition	
STREET ADDRESS City+St+Zip		DELETE	5.4 CIT	r-ST-ZIP E			Ch	ange	Addition	
STREET ADORESS CHY+ST+207 THLF		☐ DELETE	5.4 CIT 6.1 TIT 6.2 NA	r-ST-ZIP E			Ch	ange	Addition	

I have a second that the minimum supplies whith this iming does not qualify for the exemptor stated in section 118.07(5)(f), horizon distincts that 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 analysis and with an address.

SIGNATURE: