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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000031620 (5)

PARAGON MARKETING SPECIALTIES, INC.

Principal Place of Business	Mailing Address
352 NE 3RD AVE DELRAY BEACH FL 33444 US	352 NE 3RD AVE DELRAY BEACH FL 33444 US

FILED May 14 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/26/1994 Applied For Not Applicable 65-0492435 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State **\$5.00** May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CHRISTIANSEN, RENEE John A. Millspaugh 51 SE 1ST AVE 82 Street Ac 352 NE 3rd Avenue **BOCA RATON FL 33432** Delray Beach, FL 33444 В3 City ip Code! 11. Pursuant to the provisions of Sections 607.0502 office or registered against 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 florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ons of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13 DELETE Change Addition TITLE 1 1 TITLE John A. Millspaugh CHRISTIANSEN, RENEE D 1.2 NAME 352 NE 3rd Avenue STREET ADDRESS 976 BANYAN DR. 1.3 STREET AO Delray Beach, FL 33444 CITY-ST-ZIP **DELRAY BEACH FL 33483** 1.4 CITY-ST- i Change DELETE Addition TITLE 2.1 TO LE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the receiver or trueflee 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