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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000064269 (1)**

1. Corporation Name

PARADIGM DEVELOPMENT & CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
211 SHOREWOOD WAY SUITE E 205 JUPITER FL 33458 US	211 SHOREWOOD WAY SUITE E 205 JUPITER FL 33458 US

3. Date Incorporated or Qualified: 08/29/1994	3a. Date of Last Report: 04/28/1995
4. FEI Number: 65-0514001	☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 900 E. INDIANTOWN ROAD	26 900 E. INDIANTOWN ROAD
Suite, Apt. #, etc. 22 SUITE 302	Suite, Apt. #, etc. 27 SUITE 302
City & State 23 JUPITER, FLORIDA	City & State 28 JUPITER, FLORIDA
Zip 24 33477 Country 25 U.S.	Zip 29 33477 Country 30 U.S.

9. Name and Address of Current Registered Agent

WATKINS, WILLIAM M
2111 SHOREWOOD WAY
SUITE E 205
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name: WATKINS, WILLIAM M.
82 Street Address (P.O. Box Number is Not Acceptable): 900 E. INDIANTOWN ROAD
83 SUITE 302
84 City: JUPITER FL 85 Zip Code: 33477

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS OR CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CVTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WATKINS, LESTER L JR.		1.2 NAME	
STREET ADDRESS	3176 COBBLESTONE DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	PACE FL		1.4 CITY-ST-ZIP	
TITLE	PSD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WATKINS, WILLIAM M		2.2 NAME	
STREET ADDRESS	211 SHOREWOOD WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: William M. Watkins WILLIAM M. WATKINS 4/8/96 407-747-3254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)