FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000089871 (5)

1. Corporation Name

PARAGON VISUAL SYSTEMS, INC.

Principal Place of Business	Mailing Address
1822 CYPRESS RIDGE DR ORLANDO FL 32825-8847	1822 CYPRESS RIDGE DR ORLANDO FL 32825-8847

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1994	3a. Date of Last Report: NA
4. FEI Number: 59-3286955	☐ 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 5151 ADANSON STREET	26 5151 ADANSON STREET
Suite, Apt #, etc: 22 STE 103	Suite, Apt #, etc: 27 STE 103
City & State: 23 ORLANDO, FLA.	City & State: 28 ORLANDO, FLA.
Zip: 24 32804 Country: 25 ORANGE	Zip: 29 32804 Country: 30 ORANGE

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KALINOSKI, ALAN D 200 E ROBINSON ST SUITE 1020 ORLANDO FL 32801	81 Name: SAME 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, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	KYANKO, ROBERT J	1.2 NAME	
STREET ADDRESS	1822 CYPRESS RIDGE DR	1.3 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL 32825-8847	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, LARRY	2.2 NAME	
STREET ADDRESS	1507 ACROPOLIS CIR	2.3 STREET ADDRESS	
CITY, ST, ZIP	OCOEE FL	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	KANEKO, MITSURO	3.2 NAME	
STREET ADDRESS	12-13-1201 NAMPEIDAI, SHIBUYA-KU	3.3 STREET ADDRESS	
CITY, ST, ZIP	TOKYO, JAPAN	3.4 CITY, ST, ZIP	
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	GIROD, JEAN-PHILIPP	4.2 NAME	GIROD, JEAN-~~PHILIPP~~ PHILLIPE
STREET ADDRESS	133 S CRESCENT DR SUITE 9	4.3 STREET ADDRESS	506 SANTA MONICA BLVD. STE 300
CITY, ST, ZIP	BEVERLY HILLS CA	4.4 CITY, ST, ZIP	SANTA MONICA, CA 90401
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 04/25/95 Daytime Phone #: 407-647-0044

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