

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000055640 (3)

1. Corporation Name
PARADIGM 21, INC.



Principal Place of Business

Mailing Address

**705 BAYSHORE ROAD
NOKOMIS FL 34275**

**705 BAYSHORE ROAD
NOKOMIS FL 34275-1915**

3. Date Incorporated or Qualified
07/17/1995

3a. Date of Last Report
06/18/1996

2. Principal Place of Business

2a. Mailing Address

21 **7717 Red Cedar Lane**

26 **7717 Red Cedar Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
23 **Sarasota Florida**

27
28 **Sarasota Florida**

City & State

City & State

Zip

Country

Zip

Country

24 **34241**

29 **Sarasota**

29 **34241**

30 **Sarasota**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RETTIG, JESSE E
705 BAYSHORE ROAD
NOKOMIS FL 34275**

81 Name **Jesse E. Rettig**
82 Street Address (P.O. Box Number is Not Acceptable)
7717 Red Cedar Lane
83
84 City **Sarasota** FL 85 Zip Code **34241**

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 **4/25/97**

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** ☐ DELETE
NAME **RETTIG, JESSE E**
STREET ADDRESS **705 BAYSHORE ROAD**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

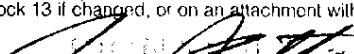
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 

4/25/97

CR2E034 (9/96)