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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000058613 (7)

PARAGON FURNITURE IMPORTS. INC.

Principal Place of Business Mailing Address 2109 HENLEY PLACE 2109 HENLEY PLACE WELLINGTON FL 33414 WELLINGTON FL 33414-7770									
						3. Date incorporated or Qualified 07/26/1995	3a. Date of La 04/30/19		
	lace of Business	2a. Mailing Address				4. FEI Number 65-0599282		Applied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.:	Not Applicable 75 Additional	
22		27				5. Certificate of Status Desired		e Required	
City & State	e	City & State	28			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees	
Zip	Country Z _I p		Count	Country		8. This corporation has liability for i			
24	9. Name and Address of Curre	29 29 Agent	30			Florida Statutes 10. Name and Address of New Re	Yes No		
SPII	LLANE, J.P.	ant riegistered Agent	8	1 Nar	ne	10, Hame and Address of New Re	Bistolen Walli		
	88 W. FOREST HILL BLVD		8	2 Stre	et Addre	ess (P.O. Box Number is Not Acceptab	ole)		
SUITE 2005 WELLINGTON FL 33414				3					
1751	LINGTON FE 33717		L			1. The state of th	· · · · · · · · · · · · · · · · · · ·		
				4 City			FL	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.	Signature, typed or printed name of registered a OFFICERS AI	gent and title if applicable. (NC ND DIRECTORS	TE: Registerea A	igent signa	iture require	ad when reinslating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12	
TOLE	D	DELETE	1.1 TITLE	:			☐ Char		
NAME	BRANTLEY, MURIEL A 2109 HENLEY PLACE		1,2 NAM						
STREET ADDRESS CITY-ST-ZIP	WELLINGTON FL 33414			ET ADORE:	SS				
TITLE	D	DELETE	1.4 CITY 2.1 TITLE				☐ Char	nge Addition	
NAME	BRANTLEY, MARTIN S		2.2 NAM	2.2 NAME					
STREET ADDRESS	2109 HENLEY PLACE WELLINGTON FL 33414			2.3 STREET ADDRESS					
CITY-ST-ZIP	TECHNOTORY IE COTTY	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE				☐ Char	nge Addition	
NAME			3.2 NAM						
STREET ADDRESS			3.3 STRE	ET ADDRES	SS				
CITY-ST-ZIP TITLE		DELETE	3.4. CITY 4.1 TITLE				Char	nge [] Addition	
NAME			4.1 IIILE				01101	nge Addition	
STREET ADDRESS				ET ADDRES	SS				
CITY - ST - ZIP	·		4 4 CITY						
TITLE		DELETE	5 1 TH LE				Char	nge 🔲 Addition	
name Street add r ess			5.2 NAM 5.3 STRE	e Et addre:	ss				
CITY-ST-ZIP			5.4 CITY						
TITLE		DELETE	61 TITLE				☐ Char	nge Addition	
NAME			6.2 NAM		.				
STREET ADDRESS CITY-ST-ZIP			1	ET ADDRES	SS				
14. I do heret	by certily that the information supplies	ed with this filing does not qua	6.4 CHY lify for the ex	cemptio	n stated	in Section 119.07(3)(i), Florida Statutes	s. 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 eath; 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.									