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PROFIT CORPORATION ANNUAL REPORT

1999

TITLE

NAME

TITLE

NAME

STREET ADDF ESS

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CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State Katherine Harris

04-27-1999 90192 040 ***150.00

DOCUMENT #	P9500005861	3
1. Corporation Name	1 0000000001	_

Principal Flace of Business	PARAGON FURNITURE IMPORTS, INC.									1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
WELLINGTON FL 33414 WELLINGTON FL 33414 WELLINGTON FL 33414 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 07/26/1995 2. Principul Place of Business 2a. Mailing Address 4. FEI N Imber 65-0599282 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State 28 City & State 29 29 30 Country Ap Diled For 5. Certificate of Status Desired Fee Required SPILLANE, J.P. 12788 W. FOREST HILL BLVD SUITE 2005 WELLINGTON FL 33414 84 City FL BS Street Address (P.O. Box Number is Not Acceptable) SUITE 2005 WELLINGTON FL 33414 84 City FL BS Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation subririts this statement for the purpost of changing its registered agent, or bith in the State of Floridas. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as re-jistered agent in a familiar with, and cocept the obligations of, Section 607 0505, Florida Statutes. SIGNATU RE SIGNATU RE SIGNATU RE SIGNATU RE D									1850/1001 10 1010/101/10 18 70/100 1			
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualifed 07/26/1995 2. Principal Place of Business 2. Mailing Address 3. File Number 65-0599282 3. Not Applicable 5. Certificate of Status Desired 6. Election Campaign Financing 7 Trust "und Contribution 7 Trust "und Contribution 7 Trust "und Contribution 7 Trust "und Contribution 7 Address 7 Trust "und Contribution 8 Trust "und Contribution 9 Trust "und Contribution "und defense of trust "und Contribution "									DO NOT WRITE IN THIS SPACE			
21									ncorporated or Qualifed		-	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite,	2. Principal F	Place of Business		2a. Mailing Add	ess			1			Applied For	
See City & State Country Country Country Country Country Country City Country Country Country City Country Country Country City Country			 .					65-0	599282			
City & State City & State 28 City & State 29 Country Zip Country Zip Country Zip Country R, This corporation owes the current year Intangible Personal Property Tax. 9, Name and Address of Current Registered Agent 10, Name and Address of New Register ad Agent SPILLANE, J.P. 12788 W. FOREST HILL BLVD SUITE 2005 WELLINGTON FL 33414 81 City FIL 85 City Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 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 agent, or bith, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as rejistered agent in am familiar with, and a ceept the obligations of, Section 607.0505, Florida Statutes, SIGNATURE Signature, typed or printed is time of registered agent and this if applicable. OFFICERS AND DIRECTORS 13. ADDIT ONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE D Change Addition DELETE 1.1 TITLE D Change Addition DATE Change Addition PARAMLEY, MURIEL A SIRRETADORESS 2109 HENLEY PLACE WELLINGTON FL 33414 DELETE 1.1 TITLE D Change Addition DATE Change Addition		#, etc.			, etc.			. 5. Certifo	ate of Status Desired			
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9. Name and Address of Current Registered Agent SPILLANE, J.P. 12788 W. FOREST HILL BLVD SUITE 2005 WELLINGTON FL 33414 84 City F.L. 15. Viscoin Address (P.O. Box Number is Not Acceptable) 16. Name Street Address (P.O. Box Number is Not Acceptable) 17. 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 bith, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as rejistered agent I am familiar with, and a coept the obligations of, Section 607.0505, Florida Statutes. SIGNATU R. Signature, typed or printed in sime of registered age I and title if applicable. OFFICERS AND DIRECTORS 13. ADDIT ONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE D D DELETE 1.1 TITLE STREET ADDRESS CITY. ST. ZIP WELLINGTON FL 33414 1.4 CITY. ST. ZIP WELLINGTON FL 33414 1.4 CITY. ST. ZIP WELLINGTON FL 33414 1.4 CITY. ST. ZIP WELLINGTON FL 33414 1.5 STREET ADDRESS CITY. ST. ZIP WELLINGTON FL 33414 1.4 CITY. ST. ZIP Change Addition Addition BRANTLEY, MARTIN S	Zip	Cou	untry			Country		8. This c	orporation owes the current	year Intangible		
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.(7(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 office 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, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

5.3 STREET ADDRESS

6 3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

☐ DELETE

DELETE

Change

Change

Addition

☐ Addition