## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## P95000067696 (1) DOCUMENT # 1. Corporation Name

PARAGON PROPERTIES, INC.

Mailing Address Principal Place of Business 3628 LINCOLN WAY 3628 LINCOLN WAY COOPER CITY FL 33026 COOPER CITY FL 33026 3. Date Incorporated or Qualified 3a. Date of Last Report 08/30/1995 Applied For **EET Number** 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apl. #, etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 23 8. This corporation has liability for intangible tax under s 199.032, Country ZID Zip ☐ Yes ☐ No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent B1 Name Street Address (P.O. Box Number is Not Acceptable) 82 CARTER, DEBRA J 3628 LINCOLN WAY 83 **COOPER CITY FL 33026** Zip Code **B**5 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE Evagishered Agent agreeting required when rematating) (12/95) Signature, typed or printed nathe of registered agent as a title I apply able ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Addition DELETE 1. 1 TITLE TITLE CR2E034 1.2 NAME CARTER, DEBRA J NAME 1.3 STREET ADDRESS 3628 LINCOLN WAY STREET ADDRESS 14 CITY ST-ZIP COOPER CITY FL 33026 CITY-ST-ZIP Addition Cnange DELETE 2 1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS 2 4 CITY - S1 - ZIP Change Addition [ ] DELETE 3 1 TiffLE TITLE 3.2 NAME 33 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIF CITY-ST-ZIP Addition DELETE 4.1 Table TITLE 4.2 NAME NAME 800001781458 4.3 STREET ADORESS STREET ADDRESS -04/16/33~-01016--027 4.4 CITY - ST - ZIF <del>\*\*\*200.00</del> City-St-ZiP Change Addition DELETE 5 1 TiTLE TITLE 5.2 NAME

14. Ido 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)(k). 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 cath; 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 appraise in Block 12 or Block 13 of chapter or or an attachment with an address. appears in Block 12 or Block

5.3 STREET ADDRESS

5 4 CITY - ST - ZIP

6 4 CITY - ST - ZIP

6 1 TiTLE

6.2 NAME 63 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

DITY-ST-ZIP

TITLE

OFFICER OR DIRECTOR ED OF FA

TT) DELETE

Change

Addition