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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # P96000028758 (6)

COLUM	IBIA COLLECTION BY PAR	agon Marketing inc					
Principal Place of Business		Mailing Address		I INDIANDI IIO IDIIX BIIII OBIII BBAI DDIII DDIII	. 4000 (1000) 1040 (1040) 1040 (1040)	lt	
352 NE 3RD AVENUE DELRAY BEACH FL 33444		352 NE 3RD AVENUE DELRAY BEACH FL 33444-3812					
					1	Date of Last Report	
2. Principal P	lace of Business	2a, Mailing Address			04/02/1996 4. FEI Number	Applied F	For
21		26		4. EE! Number 65-0646969	Not Appli		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		[-1	\$8.75 Addition		
22		27		5. Certificate of Status Desired	Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May B	3e	
23		28		Trust Fund Contribution	Added to Fees	š	
Zip	Country	Ζφ	Country		This corporation has liability for intang		32.
24	25 2. Name and Address of Curre		29 30 30		Florida Statutes X Yes No 10. Name and Address of New Registered Agent		
		III nagistorou Agait	81	Name	10. Name and Address of New Registe	en Adeist	
CHRISTIANSEN, RENEE							
	BANYAN DRIVE		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
) DEI	LRAY BEACH FL 33483		83				
1							
			84	City		El 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	es, the above	e-named o	orporation submits this statement for the purpor	se of changing its regis	tered
office or r	registered agent, or both, in the Stat Im_familiar with, and accept the oblid	e of Florida. Such change was a pations of, Section 607,0505, Flo	iuthorized by irida Statutes	the corpo	orporation submits this statement for the purpor oration's board of directors. I hereby accept the	appointment as registe	pred
SIGNATURE		tinnsen					
	Sign ture, typed or printed name of registered as	ent and title if applicable (NOTE	Registered Age	nt signature re	equired when reinstating) 1/3,1 DA		
12.	[ND DIRECTORS	13,	- · - · - · - · - · - · - · - · - · - ·	ADDITIONS/CHANGES TO OFFICERS		
TITLE	President DELETE		1.1 TITLE			Change' A	ddition
NAME	Renee D. Christ	iansen	1.2 NAME				
STREET ADDRESS	976 Banyan Driv	re	1.3 STREFT				
CITY-ST-ZIP	Delray Beach, F	L 33483 TOPETE	14 CITY-S' 21 TITLE	1 - ZIP		Change A	ddition
NAME			22 NAMI			Onlings	uu iion
STREET ADDRESS			2 3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY-S				
TITLE	DELETE		3.1 TITLE			Change A	ddition
NAME			3.2 NAME				
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			3.4. CITY - \$1 - ZIP				
TITLE		☐ DELETE				Change A	ddition
NAME							
STREET ADDRESS	; 		4.3 STREET ADDRESS				
CITY+ST-ZIP			4.4 CITY - ST	T-ZIP			
TITLE		☐ DELETE	5 1 TITLE			Change A	ddition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP	T ourse		5.4 CITY-ST-ZIP			Obo	alabir
TITLE		☐ DELETE	6.1 TITLE			Change A	ddilion
NAME OTREET ARROSOS			6.2 NAME	4000rcc			
STREET ADDRESS			6.3 STREET	ADDRESS			

14. Ido hereby certify that the information supplied with this filling 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 suppliemental 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 of 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 present of the corporation of 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 present of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

1/31/97

561-243-8177

FILED

Jun 03 1997 8:00am

Secretary of State