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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000067502 (0)

1. Corporation Name

PARAGON COMMUNICATIONS OF NORTH FLORIDA, INC.



Principal Place of Business

Mailing Address

408 1/2 S. PONCE DE LEON BLVD
ST. AUGUSTINE FL 32084

408 1/2 S. PONCE DE LEON BLVD
ST. AUGUSTINE FL 32084-4248

3. Date Incorporated or Qualified

3a. Date of Last Report

08/12/1996

2. Principal Place of Business

2a. Mailing Address

21 1586 US Highway 1 S

26 1586 US Highway 1 S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 St. Augustine, Florida

28 St. Augustine, Florida

Zip

Country

Zip

Country

24 32086-4235

25 St. Johns

29 32086-4235

30 St. Johns

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, JAMES P
408 1/2 S. PONCE DE LEON BLVD
ST. AUGUSTINE FL 32084

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1586 US Highway 1 S

83

84 City

St. Augustine

FL

85 Zip Code

32086

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. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT
NAME JOHNSON, JAMES P
STREET ADDRESS 3333 CARMEL ROAD
CITY-ST-ZIP ST. AUGUSTINE FL 32086

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

TITLE DS
NAME JOHNSON, ROBERT C
STREET ADDRESS 1007 S. PONCE DE LEON BLVD #117
CITY-ST-ZIP ST. AUGUSTINE FL 32086

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0016788

CR2E034 (9/96)