

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90059 020 \*\*\*150.00

DOCUMENT # P97000065208

1. Corporation Name  
PARAGON DEVELOPMENT CORPORATION

Principal Place of Business

1135 BEACH DR  
DELRAY BEACH FL 33483  
US

Mailing Address

P O BOX 4047  
BOYNTON BEACH FL 33424  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1997

4. FEI Number

65-0774089

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 1102 Harbor Dr.

Suite, Apt. #, etc.

22

City & State

23 Delray Beach FL

Zip

Country

24 33483

25

2a. Mailing Address

26 1102 Harbor Dr.

Suite, Apt. #, etc.

27

City & State

28 Delray Beach, FL

Zip

Country

29 33483

30

9. Name and Address of Current Registered Agent

ANDRES, BRUCE  
1135 BEACH DR  
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name

Bruce Andres

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

1102 Harbor Dr

83

84 City

Delray Beach

FL

85 Zip Code

33483

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

*Bruce Andres, President*  
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/13/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ANDRES, BRUCE  
STREET ADDRESS 1135 BEACH DR  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Bruce Andres  
1.3 STREET ADDRESS 1102 Harbor Dr  
1.4 CITY-ST-ZIP Delray Beach FL 33483

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*Bruce Andres, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99  
Date

561-226-3207  
Daytime Phone #

CR2E034 (11/98)