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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90086 029 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P97000099453

1. Corporation Name
PARADIGM INDUSTRIES, INC.

Principal Place of Business: 8998 SE BRIDGE ROAD, HOBE SOUND FL 33455
 Mailing Address: PO BOX 2233, HOBE SOUND FL 33475



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/1997

4. FEI Number: 65-0801948 Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$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 11755 SE LAUREL LANE
 Suite, Apt. #, etc.: 22
 City & State: 23
 Zip: 24 Country: 25
 2a. Mailing Address: 26
 Suite, Apt. #, etc.: 27
 City & State: 28
 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: BOEHRINGER, BARBARA, 8998 SE BRIDGE ROAD, HOBE SOUND FL 33455

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable): 11755 SE LAUREL LANE, 83, 84 City, FL, 85 Zip Code

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: _____ DATE: _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D <input type="checkbox"/> DELETE	BOEHRINGER, BARBARA	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: BOEHRINGER, BARBARA	8998 SE BRIDGE ROAD	1.2 NAME:	
STREET ADDRESS: 8998 SE BRIDGE ROAD	HOBE SOUND FL 33455	1.3 STREET ADDRESS: 11755 SE LAUREL LANE	
CITY-ST-ZIP: HOBE SOUND FL 33455		1.4 CITY-ST-ZIP:	
TITLE: D <input type="checkbox"/> DELETE	BOEHRINGER, STEPHEN	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: BOEHRINGER, STEPHEN	8998 SE BRIDGE ROAD	2.2 NAME: BOEHRINGER, STEPHAN	
STREET ADDRESS: 8998 SE BRIDGE ROAD	HOBE SOUND FL 33455	2.3 STREET ADDRESS: 11755 SE LAUREL LANE	
CITY-ST-ZIP: HOBE SOUND FL 33455		2.4 CITY-ST-ZIP:	
TITLE: D <input type="checkbox"/> DELETE	BOEHRINGER, MELANIE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: BOEHRINGER, MELANIE	8998 SE BRIDGE ROAD	3.2 NAME:	
STREET ADDRESS: 8998 SE BRIDGE ROAD	HOBE SOUND FL 33455	3.3 STREET ADDRESS: 11755 SE LAUREL LANE	
CITY-ST-ZIP: HOBE SOUND FL 33455		3.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		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: *Barbara Boehring* 4-28-99 561-546-8661
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)