

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

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90006 018 ***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.



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

11755 SE LAUREL LANE

2a. Mailing Address

PO BOX 2233

HOBE SOUND FL 33475

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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: Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|
| D BOEHRINGER, BARBARA <input type="checkbox"/> DELETE ADDRESS: 8998 SE BRIDGE ROAD ST. ZIP: HOBE SOUND FL 33455 | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS: 11755 SE LAUREL LANE 1.4 CITY-ST-ZIP |
| D BOEHRINGER, STEPHEN <input type="checkbox"/> DELETE ADDRESS: 8998 SE BRIDGE ROAD ST. ZIP: HOBE SOUND FL 33455 | 2.1 TITLE 2.2 NAME: BOEHRINGER, STEPHAN 2.3 STREET ADDRESS: 11755 SE LAUREL LANE 2.4 CITY-ST-ZIP |
| D BOEHRINGER, MELANIE <input type="checkbox"/> DELETE ADDRESS: 8998 SE BRIDGE ROAD ST. ZIP: HOBE SOUND FL 33455 | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS: 11755 SE LAUREL LANE 3.4 CITY-ST-ZIP |
| <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP |
| <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP |
| <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP |

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 Boehringer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99
Date
561-546-8661
Daytime Phone #

CR2E034 (1/1/98)

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **297000099453**

1. Entity Name

PARADIGM INDUSTRIES, INC.

00100283
#P97000099453

Attachment

Principal Place of Business

Mailing Address

P.O. BOX 355
HOBE SOUND FL 33475

P.O. BOX 355
HOBE SOUND FL 33475-0355



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11755 SE Laurel Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hobe Sound, FL

4. FEI Number

65-0801948

Applied For

Not Applicable

Zip

Country

Zip

Country

33455

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOEHRINGER, BARBARA
11755 SE LAUREL LANE
HOBE SOUND FL 33455**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|----------|----------------------------|-----------------------------|-----------------------------|---------------------------------|
| D | BOEHRINGER, BARBARA | 11755 SE LAUREL LANE | HOBE SOUND FL | <input type="checkbox"/> |
| D | BOEHRINGER, STEPHAN | 11755 SE LAUREL LANE | HOBE SOUND FL | <input type="checkbox"/> |
| D | BOEHRINGER, MELANIE | 11755 SE LAUREL LANE | HOBE SOUND, FL 33455 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|------|----------------|--------------|---------------------------------|--|
| | | | 33455 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | 33455 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

(561) 546-8661

Daytime Phone #

CR2E034 (9/99)