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0442678

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Apr 09, 1999 8:00 am
Secretary of State
04-09-1999 90010 037 ***150.00

DOCUMENT # P98000040213

1. Corporation Name
PARAGON FINANCIAL SERVICES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
3675 LIBERTY SQUARE FORT MYERS FL 33908	3675 LIBERTY SQUARE FORT MYERS FL 33908

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13400 S. CLEVELAND AVE	2a. Mailing Address 26 13400 S. CLEVELAND AVE	3. Date Incorporated or Qualified 05/01/1998	
Suite, Apt. #, etc. 22 203	Suite, Apt. #, etc. 27 203	4. FEI Number 65-0844879	☐ Applied For ☐ Not Applicable
City & State 23 FT MYERS, FL	City & State 28 FT MYERS, FL	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 33907 Country 25 US	Zip 29 33907 Country 30 US	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	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LANGSTON, BILLIE 3675 LIBERTY SQUARE FORT MYERS FL 33908	81 Name DEBBIE CONRAD 82 Street Address (P.O. Box Number is Not Acceptable) 13400 S. CLEVELAND AVE 83 SUITE 203 84 City FORT MYERS FL 85 Zip Code 33907

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 Debbie Conrad, President 3/15/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRES/D CONRAD, DEBBIE 13400 S. CLEVELAND AVE FORT MYERS, FL 33907	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	C/D/T/S STEPHEN, PETER 13400 S. CLEVELAND AVE FORT MYERS, FL 33907	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

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: Peter A Stephen PRES/D 3/8/99 941-454-8565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #