

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

FILED

Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S34952 (9)

1. Corporation Name

PARADIGM ASSOCIATES, INCORPORATED

Principal Place of Business

4727 LUMBERTON DRIVE
ORLANDO FL 32829

Mailing Address

4727 LUMBERTON DRIVE
ORLANDO FL 32829



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1991

4. FEI Number

59-3049943

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1603 WHITE CLOUD CT

26 1603 WHITE CLOUD CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 WINTER SPRINGS, FL

28 WINTER SPRINGS, FL

Zip

Country

Zip

Country

24 32708

25 SEMINOLE

29 32708

30 SEMINOLE

9. Name and Address of Current Registered Agent

CHANG, GERALD
4727 LUMBERTON DRIVE
ORLANDO FL 32829

10. Name and Address of New Registered Agent

81 Name

DEBRA F. HUGH SAM

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

1603 WHITE CLOUD CT

83

84 City

WINTER SPRINGS

FL

85 Zip Code

32708

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 *Debra F. Hugh Sam*

DEBRA F. HUGH SAM

4/12/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CHANG, GERALD W.
STREET ADDRESS 4727 LUMBERTON DRIVE
CITY-ST-ZIP ORLANDO FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PS
1.2 NAME STEPHEN W. CHANG
1.3 STREET ADDRESS 13371 S.W. 80th ST
1.4 CITY-ST-ZIP MIAMI, FL 33183

☐ Change ☒ Addition

2.1 TITLE T
2.2 NAME LESA G. CHANG
2.3 STREET ADDRESS 13371 S.W. 80th ST
2.4 CITY-ST-ZIP MIAMI, FL 33183

☐ Change ☒ Addition

3.1 TITLE D
3.2 NAME DEBRA F. HUGH SAM
3.3 STREET ADDRESS 1603 WHITE CLOUD CT
3.4 CITY-ST-ZIP WINTER SPRINGS, FL 32708

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE: *Debra F. Hugh Sam* DEBRA F. HUGH SAM 4/12/98 (407) 365-2410

CR2E034 (10/97)