

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 26, 1999 8:00 am  
Secretary of State

04-26-1999 90027 045 \*\*\*150.00

DOCUMENT # S34952

1. Corporation Name  
PARADIGM ASSOCIATES, INCORPORATED

Principal Place of Business  
1603 WHITE CLOUD CT  
WINTER SPRINGS FL 32708  
US

Mailing Address  
1603 WHITE CLOUD CT  
WINTER SPRINGS FL 32708  
US

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 13887 S.W. 103 LANE

Suite, Apt. #, etc.

22

City & State

23 MIAMI FL

Zip

24 33186

Country

25 DADZ

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

HUGH SAM, DEBRA F  
1603 WHITE CLOUD CT  
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name

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

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

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME CHANG, STEPHEN W

STREET ADDRESS 13371 SW 80TH ST

CITY-ST-ZIP MIAMI FL 33183

TITLE T ☐ DELETE

NAME CHANG, LESA G

STREET ADDRESS 13371 S W 80TH ST

CITY-ST-ZIP MIAMI FL 33183

TITLE D ☐ DELETE

NAME HUGH SAM, DEBRA F

STREET ADDRESS 1603 WHITE CLOUD CT

CITY-ST-ZIP WINTER SPRINGS FL 32708

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

400 S.W. 120 AVENUE

PEMBROKE PINES, FL 33025

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

400 S.W. 120 AVENUE

PEMBROKE PINES, FL 33025

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:

Signature and typed or printed name of signing officer or director

HUGH SAM

4/22/99

(407)365-2640

Date

Daytime Phone #

CR2E034 (11/98)

00693980