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

PROFIT * CORPORATION **ANNUAL REPORT** 1999 PARAGON FINANCIAL MANAGEMENT, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S74261

FILE	D
SS NAR 29	PH12: 09
SECRETARY TALLAHASS	OF STATE



Principal Place of Business Mailing Address An Poylal Place of Business Mailing Address			1 1 1 1 1 1 1 1 1					
STE 203 11 PALM BEACH FL 33480 N			% THOMAS VICTORY, JR. 1140 MARINE WAY WEST N PALM BEACH FL 33408					
					DO NOT WRITE	DO NOT WRITE IN THIS SPACE		
US .				3. Date Incorporated or Qualified 08/19/1991				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
	MARINE WAY WES				94-3143511		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	f11	\$8.75			
22 7	1	27					Fee Re	
City & State	IM BEACH FL	City & State			Election Campaign Financing Trust Fund Contribution	[]	\$5.00 Added t	
12321	Country	Zip	_ Countr □	У	8. This corporation owes the current			
24 277	25	29 30	0]		Personal Property Tax.] Yes	No
<u> </u>	9. Name and Address of Current	Kegistered Agent	81	1) Name	10. Name and Address of New Re	gistered Ag	ent	
VICT	ORY, THOMAS, JR.		10	Ivanie				ĺ
	1140 MARINE WAY WEST			Street A	ddress (P.O. Box Number is Not Acceptab	le)		
N. PALM BEACH FL 33408			3					
ŀ			"	1				
.			84	4 City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above	ve-named o	orporation submits this statement for the p	urpose of ch	anging its	registered
agent. la	m familiar with, and accept the obligation				ation's board of directors. I hereby accept). ``	gistored
SIGNATURE	Thur	THOMAS ILL	sey	JR	PRES	3/15/9	/9	
12.	Signature, typed or printed name of registers; agent a OFFICERS AND		<u> </u>	ent signature red		DATE	DIRECTO	
TITLE	D OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFI		Change	Addition
NAME	VICTORY, THOMAS, JR.		1.2 NAME	ł			_I Change	
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CITY-ST-ZIP			6.4 CITY-1	ST-ZIP				(1/N

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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:

561-822-9906 Daysine Proce #