

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
Tallahassee, Florida
32399-0001

APPROVED
AND
FILED

05 MAY - 1 PM 10:13

DOCUMENT # V50779

(0)

CAPITAL PARADIGMS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13400 WRIGHT CIRCLE
TAMPA FL 33626
US

P O BOX 5326
CLEARWATER FL 34618
US

2	2a	3	3a
21	26	07/13/1992	04/25/1994
22	27	59-3139532	
23	28		
24	29		
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARLAN, BRUCE M.
326 BELCHER ROAD NORTH
CLEARWATER FL 34625

81	82	83	84	85
Name	Street Address, P.O. Box Number, and Apartment		City	State
				FL

11. I, the undersigned, the person or persons authorized to sign and file this statement for the purpose of changing the registered office of the corporation, do hereby certify that the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent with full power to accept the appointment as provided in the Florida Statutes.

SIGNATURE

12	13
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the information stated in law to file this filing. I hereby certify that the change is made effective. The person or persons authorized to sign and file this statement do hereby certify that the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent with full power to accept the appointment as provided in the Florida Statutes.

SIGNATURE:

Robert M. Snibbe, Jr. Robert M. SNIBBE, Jr. 27 Apr 95 813-855-5736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR