

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

FILED
Apr 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V71217 (6)
1. Corporation Name
PARAGON CONSTRUCTION INTERNATIONAL, INC.

Principal Place of Business 11780 US HWY. ONE S-302 N PALM BCH. FL 33408	Mailing Address 11780 US HWY. ONE S-302 N PALM BCH. FL 33408
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11780 U.S. HIGHWAY ONE Suite, Apt. #, etc. 22 SUITE 400 City & State 23 NORTH PALM BEACH, FLORIDA Zip 24 33408		2a. Mailing Address 26 11780 U.S. HIGHWAY ONE Suite, Apt. #, etc. 27 SUITE 400 City & State 28 NORTH PALM BEACH, FLORIDA Zip 29 33408		3. Date Incorporated or Qualified 10/06/1992	
		4. FEI Number 65-0380045		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent FHS CORPORATE SERVICES INC. 11780 US HWY. ONE S-300 N PALM BCH. FL 33408		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	
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11. Pursuant to the provisions of Sections 607.0507 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOYD, JOHN 11780 U.S. HIGHWAY ONE, #400 NORTH PALM BEACH FL 33408 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BELLINGER, RICHARD P. 11780 U.S. HIGHWAY ONE, SUITE 400 NORTH PALM BEACH FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SR.V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HISLOP, THOMAS P. 11780 U.S. HWY. ONE, STE. 400 NORTH PALM BEACH FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	V CHRIS CURBELLO 11780 U.S. HIGHWAY ONE, #400 NORTH PALM BEACH, FLORIDA 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BATES, JACK 11780 U.S. HIGHWAY ONE, SUITE 400 NORTH PALM BEACH FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	V/S STEPHEN S. WINSLETT 11780 U.S. HIGHWAY ONE, #400 NORTH PALM BEACH, FLORIDA 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COPELAND, JOHN C. 11780 U.S. HIGHWAY ONE, SUITE 400 NORTH PALM BEACH FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	SAL RODRIGUEZ 11780 U.S. HIGHWAY ONE, #400 NORTH PALM BEACH, FLORIDA 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REYNOLDS, JACK 11780 U.S. HIGHWAY ONE, SUITE 400 NORTH PALM BEACH FL <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	ASST. T WAYNE SANDERS 11780 U.S. HIGHWAY ONE, #400 NORTH PALM BEACH, FLORIDA 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

[Signature]

[Signature]

4/10/98

(561) 626-3900

CR2E034 (10/97)