

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Martinez
Secretary of State
1900 North West 11th Street
Tallahassee, Florida 32304-0001

APPROVED
AND
FILED

95 MAY -1 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L38065** (3)

PAGEPRO EXECUTIVE SERVICES, INC.

Principal Executive Officer: **SARAH K. NEUMANN**
51 S MAIN AVE. STE 311
CLEARWATER FL 34625-0934

Principal Address: **SARAH K. NEUMANN**
51 S MAIN AVE. STE 311
CLEARWATER FL 34625-0934

2. Principal Office of Business: **21**
3. Principal Office of Manufacture: **22**
4. Principal Office of Production: **23**
5. Principal Office of Distribution: **24**

2a. Mailing Address: **26**
2b. Mailing Address: **27**
2c. Mailing Address: **28**
2d. Mailing Address: **29**
2e. Mailing Address: **30**

3. Date of Incorporation: **01/02/1990**
3a. Date of Filing: **05/01/1994**

4. FEI Number: **59-2982786**

5. Certificate of State (Required): **\$8.75 Additional Fee Required**

6. Has been Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. The corporation has liability for campaign contributions to Florida Candidates: Yes No

9. Name and Address of Current Registered Agent **10. Name and Address of New Registered Agent**

NEUMANN, SARAH K.
1535 ERIN LANE
CLEARWATER FL 34615

81. Name
82. Street Address (Do Not Number or Not Acceptable)
83.
84. City, State, ZIP
FL 85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is a Florida corporation. This statement is for the purpose of filing the annual report and is subject to the penalty of perjury. I hereby certify that the corporation is a Florida corporation and that the undersigned is the registered agent of said corporation.

12. ADDITIONAL REGISTERED OFFICES

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME	DPS	NAME		STATUS	
ADDRESS	NEUMANN, SARAH K.	NAME		STATUS	
CITY	1535 ERIN LANE	NAME		STATUS	
STATE	CLEARWATER FL	NAME		STATUS	
NAME	DVT	NAME		STATUS	
ADDRESS	NEUMANN, MICHAEL E.	NAME		STATUS	
CITY	1535 ERIN LANE	NAME		STATUS	
STATE	CLEARWATER FL	NAME		STATUS	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and valid for the corporation. I do hereby certify that the information indicated on this annual report or supplementary annual report is true and accurate and that the corporation shall have the same legal effect and liability as if it were a corporation. I do hereby certify that the corporation is a Florida corporation and that the undersigned is the registered agent of said corporation.

SIGNATURE: *Sarah Neumann*
BRACKETED AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sarah Neumann

4-28-95 813 461-3430