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 Feb 13 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000079245 (4)
 1. Corporation Name
PEMBROKE PAGE, INC.



Principal Place of Business: 8073 TAFT ST, PEMBROKE PINES FL 33024
 Mailing Address: 6973 TAFT ST, PEMBROKE PINES FL 33024-4673

3. Date Incorporated or Qualified: 10/28/1994
 3a. Date of Last Report: 07/29/1996

2. Principal Place of Business (21-24)
 2a. Mailing Address (26-30)

4. FEI Number: 65-0531894
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
~~ADAMS, SCOTT~~
~~741 NW 83RD TER~~
~~PEMBROKE PINES FL 33024~~

10. Name and Address of New Registered Agent
 81 Name: Brian Carr
 82 Street Address (P.O. Box Number is Not Acceptable):
 83 8973 Taft Street
 84 City: Pembroke Pines FL 85 Zip Code: 33024

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: *Brian Carr*
 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: DP | <input checked="" type="checkbox"/> DELETE |
| NAME: ADAMS, SCOTT | |
| STREET ADDRESS: 741 NW 83RD TER | |
| CITY-ST-ZIP: PEMBROKE PINES FL 33024 | |
| TITLE: | <input type="checkbox"/> DELETE |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> DELETE |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> DELETE |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> DELETE |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|--|
| 1.1 TITLE: President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME: Brian Carr | |
| 1.3 STREET ADDRESS: 8973 Taft St. | |
| 1.4 CITY-ST-ZIP: Pembroke Pines, FL 33024 | |
| 2.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME: | |
| 2.3 STREET ADDRESS: | |
| 2.4 CITY-ST-ZIP: | |
| 3.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME: | |
| 3.3 STREET ADDRESS: | |
| 3.4 CITY-ST-ZIP: | |
| 4.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME: | |
| 4.3 STREET ADDRESS: | |
| 4.4 CITY-ST-ZIP: | |
| 5.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME: | |
| 5.3 STREET ADDRESS: | |
| 5.4 CITY-ST-ZIP: | |
| 6.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME: | |
| 6.3 STREET ADDRESS: | |
| 6.4 CITY-ST-ZIP: | |

14. I do 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: *Brian Carr* 1-24-97 07/29/96

CR2E034 (9/96)