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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000015325 (8)

NATIONWIDE PAGING, INC.

Principal Place of Business

Mailing Address

3250 NE CANDICE AVENUE #4 JENSEN BEACH FL 34957 3250 NE CANDICE AVENUE #4 JENSEN BEACH FL 34957 FILED
Apr 27 1998 8:00am
Secretary of State



					DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified				
					02/13/1997				
	lace of Business	2a. Mailing Address	.1 -	4 4	4. FEI Number		plied For		
21 403 S. FEDERAL Highway 26 403 S. FeDERAL				nury	65-0732972		ot Applicable		
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	Additional equired		
City & State City & State City & State City & State City & STUART, FL 28 STUART, FL					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
24 Z1349	74 Country 26 USA	29 34994 30	ountry 45	_	This corporation owes or has paid the Personal Property Tax due June 30.	Yes 🕻	angible No		
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Registers	ad Agent			
	ASCATORE, MICHAEL D		81	Name					
	98 S.E. HARRISON STREET		82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
। ४ १	UART FL 34997		83	<u>-</u>	 	 			
			L						
			84	City	F	85 Zip (Code		
l office or r	registered egent, or both, in the State of	Florida Such change was authoris	and ha	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the a	e of changing it	s registered		
agent, I a	m lamiliar with and accept the obligation	ons of, Section 607.0505, Florida Si	tatutes	s.		• •	•		
SIGNATURE	Modell France	all Mich	Ac L	_FRASc	ATORE ALKE	20,199	18		
12.	Signature, typed or printed name of registered agent	···		nt signature required	d when reinstating) DATE	E			
TITLE	OFFICERS AND		TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition		
NAME	FRASCATORE, MICHAEL D		NAME			C Overlage			
STREET ADORESS	2398 S.E. HARRISON STREET	_ ·		4000000					
CITY-ST-ZIP	STUART FL 34997			ADORESS					
TITLE	D		CITY-S	11 - ZIP		Change	Addition		
NAME	LANGILLE, SHANE I	• •	NAME			E O.C.,go			
STREET ADORESS	8256 SE BOXWOOD LANE	1		ADDRESS					
CITY-ST-ZIP	HOBE SOUND FL 33455	I	4 CITY-S						
TITLE			TITLE	21-EIF		Change	Addition		
NAME		_	NAME						
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY-S						
TITLE			TITLE			☐ Change	Addition		
NAME		4.3	2 NAME			-			
STREET ADDRESS		4.3	STREET	ADDRESS					
CITY-ST-ZIP		I 4.4	CITY-S	T-21P					
TITLE			TITLE			☐ Change	Addition		
NAME		5.2	NAME						
STREET ADDRESS		5.3	STREET	ADDRESS					
CITY-ST-ZIP		54	CITY-S	T- 71P					

14. 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

The second

DELETE

ADDIT OF 100 4 CTU 187-2337

Change

___ Addition

72E034 (10/97)