

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90006 002 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000015325

1. Corporation Name NATIONWIDE PAGING, INC.

Principal Place of Business 403 S. FEDERAL HIGHWAY STUART FL 34994 US Mailing Address 403 S. FEDERAL HIGHWAY STUART FL 34994 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/13/1997 4. FEI Number 65-0732972 Applied For Not Applicable 5. Certificate of Status Desired X \$8.75 Additional Fee Required 6. Election: Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. X Yes No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 26 27 28 29 30 2a. Mailing Address 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country

9. Name and Address of Current Registered Agent

FRASCATORE, MICHAEL D 2398 S.E. HARRISON STREET STUART FL 34997

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

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 Michael Frascatore

(NOTE: Registered Agent signature required when reinstating)

4/14/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: Title, Name, Street Address, City-ST-ZIP. Includes checkboxes for 'DELETE', 'Change', and 'Addition'. Row 1: D FRASCATORE, MICHAEL D 2398 S.E. HARRISON STREET STUART FL 34997

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, with all other like empowered.

SIGNATURE: Michael Frascatore REQUIRED

4/14/99

561-287-2337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)