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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # 369585

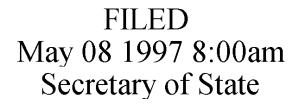
(5)

PAGE INDUSTRIES, INC.

Principal Place of Business

Mailing Address

240 AL LUQUE AND CT





MOUNT DORA	FL 327 57	MOUNT DORA FL 32757-5727							
2. Principal Place of Business					3. Date Incorporated or Qualified 09/10/1970	3a. Date of Last Report 08/07/1996			
1		2a. Mailing Address		_		4. FEI Number		217 101	Applied For
		26				59-1359088 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Count	ry		8. This corporation has liability for i			ier s. 199.032
4	25	29	30					No	
	9. Name and Address of Curren	t Registered Agent		<u> </u>		10. Name and Address of New Re	gistered /	\gent	
	E,WILLIAM C		8	1	Name				
249 N. HÌGHLAND ST			82 Street Ad		Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
MT.	DORA FL 32757		8:						
			6.	3					
59			8-	4	City			85	Zip Code
11. Pursuant				⅃.		oration submits this statement for the p on's board of directors. I hereby accep	FL	44.	·
	Signature, typed or printed name of registered ago			gon	it signature require	ed when reinstating)	DATE		TODO 11 40
12.	OFFICERS ANI	DELETE	13.	_		ADDITIONS/CHANGES TO OFFIC	ERS AND	Chai	
TITLE	P annual A	C) Detele	1.1 TITLE		-			LJ Chai	nge 🔲 Addi
NAME **	PAGE, WILLIAM C 249 N HIGHLANDS STREET		1.2 NAME						
STREET ADDRESS	MT DORA, FL 00000		1.3 \$7RE						
CITY-ST-2PP	SOT	DELETE	1.4 CITY - 2 1 TITLE		- 219			Char	nge [] Addi
NAME	PAGE, PHYLLIS D	C occess	22 NAM!		1			[.gc □ 7.00
STREET ADORESS	249 N HIGHLANDS STREET		2.3 STRE		ADDRESS				
CITY-ST-ZW	MT DORA, FL 00000		1	2. 4 CITY - ST - ZIP					
TITLE	111 00:114 12 00:00	DELETE	3.1 TITLE	•				Chai	nge 🔲 Addi
NAME :			3.2 NAME	Ε					
STREET ADDRESS			3.3 STRE	E1 A	ADDRESS				
CITY-ST-ZIP			3.4. CITY	'-ST	r-7IP				
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NAME			4. 2 NAM	IE					
STREET ADDRESS		•	4.3 STRE	ET A	ADDRESS				
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NAME			5.2 NAME						
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CITY-ST-ZIP		Flance	5.4 CITY		- ZIP			T 3	
TITLE		DELETE	6.1 TITLE		İ			Cha	nge 🔲 Addi
NAME			6.2 NAME						
STREET ADDRESS			6.3 STRE	FT A	inneres 1				
CITY-ST-ZIP			64 CITY						

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 13 if changed, or on an attachment with an address.

*PO SH*GNIMOHBE PAROLURED *P*