


FILED

Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Mar 20 1997 8:00am Secretary of State	
DOCUMENT # 1. Corporation Name Pace Communications Group Inc					
Principal Place of Business 485 5th Ave New York, NY 10017		Mailing Address 485 5th Ave New York, NY 10017		3. Date Incorporated or Qualified 12/20/96	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3a. Date of Last Report 4. FEI Number 13-1598443 Applied For Not Applicable	
9. Name and Address of Current Registered Agent United Corporate Services, Inc 801 N.E. 166th St, Suite 300 North Miami Beach, FL 33162		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL			
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 Signature typed or printed name of registered agent and title if applicable (N/A) Registered Agent signature required when resigning DATE					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP 6.1 TITLE 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 as an attachment with an address.			900002119899 -03/20/97--01129--028 ***165.00 VP 3-20		
SIGNATURE: [Signature]			2/21/97 (22) 818-1100		

CR2E034 (9/96)

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CORPORATE OFFICERS

085-36-0481
Joel Cantos
Secretary, Treasurer
4 Jane Drive
Old Bethpage, NY 11804
(516) 454-8061

088-20-5748
Milton Bagley
Chairman
95 Cypress Drive
Woodbury, NY 11797
(516) 367-3247

131-38-0401
John Grimes
Executive Vice President
198 Dogwood Lane
Manhasset, NY 11030
(516) 365-2468

147-38-4805
Richard Nulman
President
31 Washington Avenue
Morganville, NJ 07751
(908) 972-3363