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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

926 SW BAYSHORE BLVD

PORT ST. LUCIE FL 34983

2. Principal Place of Business

BARANSKI, WILLIAM 2606 SW HAREM CIRCLE

Suite, Apt. #, etc.

City & State

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SIGNATURE:

J82458

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9. Name and Address of Current Registered Agent

BCI PAGING, INC.

926 SW BAYSHORE BLVD

2606 SW HAREM CIRCLE PORT ST LUCIE FL 3498

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

## **FILED** Jan 15 1998 8:00am Secretary of State



8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

\_\_\_Yes

Not Applicable

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/10/1987

4. FEI Number

59-2828888

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

Street Address (P.O. Box Number is Not Acceptable)

| PORT ST. LUCIE FL 34953  |                        |        |                      | ] `            | , , , , , , , , , , , , , , , , , , ,   | 70X 710H1100H 10 H101 7100H | opiasio)     |         |              |
|--|------------------------|--------|----------------------|----------------|---|-----------------------------|--------------|---------|--------------|
|  |                        |        | 83                   | 3              |   | ,                           |              |         |              |
|  |                        | -1.1   | ·                    | بــا           | 1,  | <u> </u>                    |              | 1 1     |              |
|  |                        |        | , 84                 | ۱ <sup>د</sup> | الزيد المالية المالية<br>المالية المواد المالية | •                           | 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OATE   |                        |        |                      |                |   |                             |              |         |              |
| 12,  | OFFICERS AND DIRECTORS |        | 13.                  |                | <del> </del>  | TIONS/CHANGES TO C          | OFFICERS AND | DIRECTO | RS IN 12     |
| TITLE  | PD                     | DELETE | 1.1 TITLE            |                |   |                             |              | Change  | Addition     |
| NAME   | Baranski, William J.   |        | 1.2 NAME             |                |   |                             |              |         |              |
| STREET ADORESS   | 2606 SW HAREM CIRCLE   |        | 1.3 STREET           | T ADI          | DRESS   |                             |              |         | İ            |
| CITY-ST-ZIP  | PORT ST. LUCIE FL      |        | 1.4 CITY - S         | ST-Z           | IP  |                             |              |         |              |
| TITLE  | S DELETE               |        | 2.1 TITLE            | •              |   |                             |              | Change  | ☐ Addition   |
| NAME   | Baranski, nina c       |        | 2.2 NAME             |                | İ   |                             |              |         |              |
| STREET ADDRESS   | 2606 SW HAREM CIR      |        | 2.3 STREET           | T ADE          | DRESS   |                             |              |         |              |
| CITY-ST-ZIP  | PORT ST LUCIE FL       |        | 2, 4 CITY - ST - ZIP |                | 9P  |                             | ٠            |         | ]            |
| TITLE  |                        | DELETE | 3,1 TITLE            |                |   |                             |              | Change  | Addition     |
| NAME   |                        |        | 3.2 NAME             |                |   |                             |              |         | ĺ            |
| STREET ADORESS   |                        |        | 3.3 STREET           | T ADD          | DRESS   |                             |              |         |              |
| CITY-ST-ZIP  |                        |        | 3,4. CITY-5          | ST-Z           | IP  |                             |              |         |              |
| TITLE  |                        | DELETE | 4.1 TITLE            |                |   |                             |              | Change  | ☐ Addition   |
| NAME   |                        | 1      | 4. 2 NAME            |                |   |                             |              |         | ŀ            |
| STREET ADDRESS   |                        |        | 4.3 STREET ADDRESS   |                |   |                             |              |         |              |
| CITYST-ZIP   |                        |        | 4.4 CITY - S         | ST- 21         | P   |                             |              |         |              |
| TITLE  |                        | DELETE | 5,1 TITLE            |                |   |                             |              | Change  | Addition     |
| NAME   |                        |        | 5.2 NAME             |                |   |                             |              |         |              |
| STREET ADDRESS   |                        | 1      | 5.3 STREET           | T ADD          | DRESS   |                             |              |         | Ì            |
| CITY-ST-ZIP  |                        |        | 5.4 CITY - S         | ST-ZI          | Р   |                             |              |         |              |
| TITLE  |                        | DELETE | 6.1 TITLE            |                |   |                             |              | Change  | ☐ Addition ] |
| NAME   |                        |        | 6.2 NAME             |                |   |                             |              |         | ĺ            |
| STREET ADDRESS   |                        |        | 6.3 STREET           | T ADD          | RESS  |                             |              |         |              |
| CITY-ST-ZIP  |                        |        | 6.4 CITY - S         |                |   |                             |              |         |              |
| 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. |                        |        |                      |                |   |                             |              |         |              |

Country

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