

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 13 1996 8:00 am
Secretary of State

DOCUMENT # J98350 (8)

1. Corporation Name

THE BEEPER PEOPLE, INC.

Principal Place of Business

Mailing Address

209 NW 10TH AVE.
GAINESVILLE FL 32601
US

209 NW 10TH AVE.
GAINESVILLE FL 32601
US



2. Principal Place of Business		2a. Mailing Address	
21 210 NW 10th Ave	26 210 NW 10th Ave		
22 Suite, Apt #, etc	27 Suite, Apt #, etc		
23 City & State	28 City & State		
24 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified 10/20/1987	3a. Date of Last Report 01/16/1996
4. FEI Number 59-2862962	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HOLTZMAN, SCOTT A.
2600 S.W. WILLSTON RD.
#1926
GAINESVILLE, FL 32608

10. Name and Address of New Registered Agent

81 Name	Allyson K. Lowe		
82 Street Address (P.O. Box Number is Not Acceptable)	7703 NW 51st Drive		
83			
84 City	Gainesville	FL	85 Zip Code 32653

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

Allyson K. Lowe
Signature, typed or printed name of registered agent and title if applicable

Vice President
(NOTE: Registered Agent signature required when resigning)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDVS	1.1 TITLE	President
NAME	HOLTZMAN, SCOTT A	1.2 NAME	Howard L Lowe Jr
STREET ADDRESS	2600 S.W. WILLSTON RD.	1.3 STREET ADDRESS	7703 NW 51st Drive
CITY - ST - ZIP	GAINESVILLE FL	1.4 CITY - ST - ZIP	Gainesville FL 32653
TITLE		2.1 TITLE	Vice President
NAME		2.2 NAME	Allyson K. Lowe
STREET ADDRESS		2.3 STREET ADDRESS	7703 NW 51st Drive
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Gainesville FL 32653
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Allyson K. Lowe

Allyson K. Lowe

6/10/96 (352)378-4594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (3/96)