

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L13475** (3)

1. Corporation Name:
BEEPERS EXPRESS INC.

Principal Place of Business: **6309 STIRLING ROAD DAVIE FL 33314**
Mailing Address: **6309 STIRLING ROAD DAVIE FL 33314**

DO NOT WRITE IN THIS SPACE

2. There is Change of Officers		2a. Mailing Address		3. Date Incorporated or Qualified	3b. Date of Last Report
21	22	23	24	08/31/1989	05/01/1994
4. FFI Number		5. Certificate of State Desired		Applied For	
65-0137974		<input type="checkbox"/>		Not Applicable	
6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>		\$8.75 Additional Fee Required	
8. This corporation has been authorized to do business in Florida		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOUFFARD, BONNIE J
4162 SW 66 WAY
DAVIE FL 33314**

81	82	83	84	85
Name	Street Address (P.O. Box Number, Not Applicable)		City	Zip Code
			FL	

11. Pursuant to the provisions of Sections 602, 603, and 604, Florida Statutes, the above named corporation certifies the statement for the purpose of changing its registered office or registered agent or both in this State of Florida has been changed as authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of Section 603, Florida Statutes.

SIGNATURE: *Bonnie J. Bouffard*

5/18/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	DP BOUFFARD, BONNIE J 4162 SW 66 WAY DAVIE FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	V SANFORD, ANTHIA F 4162 SW 66 WAY DAVIE FL	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is verifiably furnished and does not apply for the corporation stated in law book 133 (2) (b), Florida Statutes. I further certify that this information is included on this annual report or supplemental annual report as true and accurate and that my signature shall have the same legal effect as if made in the State of Florida. I am familiar with and accept the obligations of the registered office and registered agent provisions of Sections 602, 603, Florida Statutes, and that my name appears in the book 133 (2) (b) if changed or removed therefrom with an addition.

SIGNATURE: *Bonnie J. Bouffard* **BONNIE J BOUFFARD** 5/18/95 305 321 8337