

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -4 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M91800 (6)

1. Corporation Name
DIAL PAGE, INC.

Principal Place of Business

C/O BRUCE SIMONSEN
3638 W. FLAGLER ST.
MIAMI FL 33135-1030

Mailing Address

C/O BRUCE SIMONSEN
3638 W. FLAGLER ST.
MIAMI FL 33135-1030

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/29/1988

3a. Date of Last Report
04/08/1994

2. Principal Place of Business

21 1 Grove Isle Dr

Suite, Apt. #, etc.

22 # 1209

City & State

23 Miami FL

Zip

24 33133

Country

25 USA

2a. Mailing Address

26 c/o High Hope Properties

Suite, Apt. #, etc.

27 P.O. Box 145093

City & State

28 Coral Gables FL

Zip

29 33144-5093

Country

30 USA

4. FEI Number
65-0088000

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

SIMONSEN, BRUCE
3638 W. FLAGLER ST.
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name

Bruce Simonson

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

3589 SW 17 St

83

84 City

Miami

FL

85 Zip Code

33145

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

Bruce Simonson
Signature, typed or printed name of registered agent and title if applicable

President

3-31-95
DATE

(NOTE: Registered Agent signature required when reconstituted)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
SIMONSEN, BRUCE
3638 W. FLAGLER ST.
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SC
MILLER, JOY A.
3638 W. FLAGLER ST.
MIAMI FL

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

☒ Change ☐ Addition

3589 SW 17 St

Miami FL

33145

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change ☐ Addition

#1209 1 Grove Isle Dr

Miami FL

33133

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE:

Bruce Simonson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce Simonson

3-31-95

805-445-9236