

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

FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P92000002339 (9)**

1. Corporation Name

PAIGE & ASSOCIATES CORP.



Principal Place of Business

**1515 N. FEDERAL HWY
SUITE 211
BOCA RATON FL 33432**

Mailing Address

**1515 N. FEDERAL HWY
SUITE 211
BOCA RATON FL 33432-1952**

2. Principal Place of Business

21 700 W. Hillsboro Blvd

Suite, Apt. #, etc.

22 Building 3, Suite 101

City & State

23 Deerfield Bch, Florida

Zip

24 33441

Country

25 USA

2a. Mailing Address

26 700 W. Hillsboro Blvd.

Suite, Apt. #, etc.

27 Bldg 3, Suite 101

City & State

28 Deerfield Bch, FL

Zip

29 33441

Country

30 USA

3. Date Incorporated or Qualified

11/02/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0368603

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

**PAIGE, GREGORY L
21938 TOWN PLACE DRIVE
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

81 Name

PAIGE, GREGORY L.

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

21819 TOWN PLACE DRIVE

83

84 City

BOCA RATON

FL

85 Zip Code

33433

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDO	<input type="checkbox"/> DELETE
NAME	PAIGE, GREGORY L	
STREET ADDRESS	21938 TOWN PLACE DRIVE	
CITY-ST-ZIP	BOCA RATON FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.D.O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PAIGE, GREGORY, L.	
1.3 STREET ADDRESS	21819 TOWN PLACE DRIVE	
1.4 CITY-ST-ZIP	BOCA RATON - FL - 33433 33433	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 on an attachment with an address.

CR2E034 (9/96)