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

FILED
95 AUG 10 AM 11:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P92000004905 (5)

1. Corporation Name
THE BEEPER SHOP, INC.

Principal Place of Business	Mailing Address
6600 NW 27 AVE SUITE 119 MIAMI FL 33147	6600 NW 27 AVE SUITE 119 MIAMI FL 33147

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/12/1992
3a. Date of Last Report: 08/11/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26: 628 NW 62ND ST
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28: Miami FLA.
Zip — 24
Country — 25
Zip — 29: 33150
Country — 30: DADE

4. FEI Number: 65-0369985 ☐ 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

JOHNSON, PATRICIA A
6600 NW 27 AVE
SUITE 119
MIAMI FL 33147

10. Name and Address of New Registered Agent

81 Name: JOHNSON, PATRICIA, A
82 Street Address (P.O. Box Number is Not Acceptable): 628 NW 62ND ST
83
84 City: MIAMI FL 85 Zip Code: 33150

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: Patricia Johnson — 8/2/95
(signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, PATRICIA A	12 NAME		
STREET ADDRESS	13055 NE 6 AVE #305	13 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI FL 33161	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, MICHELLE	22 NAME		
STREET ADDRESS	13055 NE 6TH AVE., #305	23 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	MIDDLETON, MARY A	32 NAME		
STREET ADDRESS	3066 NW 92 ST	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33147	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia Johnson — 8/2/95
SIGNATURE AND TYPED OR PRINTED NAME OF IDENTIFYING OFFICER OR DIRECTOR (Date) (Telephone Number)

0161215 CP