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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P92000004905 (5)

THE BEEPER SHOP, INC.

Principa' Place of Business Meiling Address 8600 NW 27 AVE 629 NW 62ND ST SUITE 119 MIAMI FL 33150-4330 MIAMI FL 33147 US				3. Date incorporated or Qualified	3a. Date of Last Report
				11/12/1992	08/07/1996
	Place of Business	2s. Mailing Address		4. FEI Number	Applied For
Suite, Api	I. #. elc	Suite, Apt. #, etc.		65-0369985	Not Applicable \$8.75 Additional
22	,	27		5. Certificate of Status Desired	Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	Zip	Country	Trust Fund Contribution	Added to Fees
Zip 24	25	2.ip	30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
241	9. Name and Address of Curre		1301	10. Name and Address of New Reg	
JK.	DHNSON, PATRICIA A.		81 Name		
628 NW 62ND ST			82 Street Ad	ddress (P.O. Box Number is Not Acceptab	le)
M	IAMI FL 33150				,
			83		
			84 City		FL 85 Zip Code
11. Pursuan	nt to the provisions of Sections 607.05	i02 and 607.1508, Florida Statu te of Etorida, Such change was	ites, the above-named o	corporation submits this statement for the powerfoods board of directors. I hereby access	urpose of changing its registered
11. Pursuan office or agent 1	am familiar with, and accept the obli	gations of, Section 607.0505, F	ites, the above-named of authorized by the corpolorida Statutes. TE Registered Agent signature re	corporation submits this statement for the poration's board of directors. I hereby acceptions when renetating)	urpose of changing its registered of the appointment as registered
agent I SIGNATURE	arn familiar with, and accept the obli- Signature, lyped or period rame of registered a OFFICERS AI	gations of, Section 607.0505, F gent and title if applicable (NO ND DIRECTORS	Iorida Statutes. TE Registered Agent signature re 13.		DATE ERS AND DIRECTORS IN 12
agent I SIGNATURE 12.	arn familiar with, and accept the oblication for the oblication of	gations of, Section 607.0505, F	Iorida Statutes. ITE: Registered Agent signature re 13. 1.1 TITLE	equired when renstating)	DATE
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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 tracking 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:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-15-97 Date

(915)756-9681 Daytime Phone #

FILED

Apr 17 1997 8:00am

Secretary of State