SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT #
1. Corporation Name P9300000587 (4) THE BEEPER GUYS, INC.

APPROVED

97 JUL 30 AMII: 58 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Mailing Address Principal Place of Business 934 N UNIVERSITY DR PO BOX 26483 CORAL SPGS FL 33071 **TAMARAC FL 33320-648** DO NOT WRITE IN THIS SPACE LIS HS 3. Date Incorporated or Qualified 3a. Date of Last Report 12/30/1992 04/17/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0379424 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Country Zip Zip 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 30 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KAUFMAN, BRUCE J 8172 S CORAL CIR 82 Street Address (P.O. Box Number is Not Acceptable) N LAUDERDALE FL 33068 83 84 City 85 Zip Code 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 life if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PTSD DELETE Change TITLE 1.1 TITLE Addition KAUFMAN, BRUCE NAME 12 NAME CR2E034 8172 S. CORAL CIR STREET ADDRESS 1.3 STREET ADDRESS N. LAUDERDALE FL CITY-ST-ZIP 1.4 CHTY - ST - ZIP DELETÉ Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 3.1 TO LE 500002257695---08/05/97--01024--024 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS ****165.00 ****165.00 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETË 61 TITLE Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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.

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