

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:01

DOCUMENT # **P93000006779 (1)**

1. Corporation Name
BEEPCHEAP, INC.

Principal Place of Business Mailing Address
**% BERKLEY BADGER
600 BY PASS DRIVE, SUITE 210
CLEARWATER FL 34624**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/21/1993** 3a. Date of Last Report **06/30/1994**

4. FEI Number **59-3161777** 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **4451 Park Blvd** 26 **23494 US Hwy 19 N**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Pinellas Park, FL** 27 **Clearwater, FL**
City & State City & State
24 **34665** 25 **USA** 29 **34625** 30 **USA**
Zip Country Zip Country

9. Name and Address of Current Registered Agent

**BADGER, BERKLEY
600 BY PASS DRIVE
SUITE 210
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent

81 Name **TONY R. WOODS**
82 Street Address (P.O. Box Number is Not Acceptable) **~~11901 4th Street North, Apt 222~~**
83 **23494 U.S. Hwy 19 North**
84 **St Petersburg Clearwater FL** 85 Zip Code **34625**

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]

TONY R. WOODS, CEO

4/26/95

Signature typed on printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BADGER, BERKLEY C
STREET ADDRESS	324 WESTGATE RD
CITY ST ZIP	TARPON SPGS 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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	CEO + D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	TONY R. WOODS
13 STREET ADDRESS	11901 4th Street North, Apt 222
14 CITY ST ZIP	St Petersburg, FL 33716
21 TITLE	COO + D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	MARK A. BLAKEY
23 STREET ADDRESS	80 SYCAMORE CT
24 CITY ST ZIP	PAUM HARBOR, FL 34683
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(3)(b), 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:

[Signature]

TONY R. WOODS

4/26/95

813-799-4418

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REMITTED BY MAY 1