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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

2. Principal Place of Business

ROTHSTEIN, MARK L

DAVIE FL 33324

Suite, Apt. #, etc

City & State

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P93000028818 (1)

1. Corporation Name RADIOPAGE SERVICES OF FLORIDA, INC.

Country

9. Name and Address of Current Registered Agent

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2273 SOUTH UNIVERSITY DRIVE

Maling Address Principal Place of Business 2273 SOUTH UNIVERSITY DRIVE 2273 SOUTH UNIVERSITY DRIVE DAVIE FL 33324 DAVIE FL 33324

2a. Mailing Address

City & State

Suite, Apt. #, etc

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 Date Incorporated or Qualified 04/16/1993 	3a. Date of Last Report 02/17/1995		
4. FEI Number 65-0410795	Applied For Not Applicable		
5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
8. This corporation has liability for i	tax under s 199.032,		

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

Zip Code 85 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

81 Name

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12.	2. OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	I 1 TiTi€		Change	Addition
NAME	ROTHSTEIN, MARK L		1.2 NAME			
STREET ADDRESS	10741 NW 18 DR		1.3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33322		1.4 CITY - ST - ZIP			
TITLE		DELETE	2 1 TITLE		Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP			2 4 CITY - ST - ZIP			
TITLE		☐ DELETE	3 1 TITLE		☐ Change	Addition
NAME			3 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP			3 4 CITY - ST - ZIF		F3 0:	
TITLE		DELETE	4 1 TITLE	Challing to the state of the	Change	☐ Addition
NAME			4.2 NAME	8000017797 -04/15/96010300	`∠161 200	
STREET ADDRESS			4.3 STHEET ADDRESS	***200.00	UZU	
CITY-ST-2IF			4 4 CITY-ST-ZIP	++₹ՀՍՍ, UU		
TITLE		☐ DELETE	5 1 TITLE		Change	Addition Addition
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CITY-ST-ZIP			5 4 CiTY ST-ZiP		F3 2:	E
TITLE		☐ DEFEIE	6 1 TITLE		Change	Addition
NAME			6.2 NAME			gre-
STREE1 ADDRESS			6.3 STREET ADDRESS		L	611 0
			6.4 Otty - 91 - 716		7	,/ T 1

14. To hereby certify that the information supplied with this filling 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 3 if changed, or on an attachment with an address

SIGNATURE:

C. POTASTEN x 3/31/96

CR2E034 (12/95)