FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000028818 (1)

RADIOPAGE SERVICES OF FLORIDA, INC. Principal Place of Business Mailing Address 2273 SOUTH UNIVERSITY DRIVE DAVIE FL 33324 DAVIE FL 33324 RADIOPAGE SERVICES OF FLORIDA, INC.			Y DRIVE			
				3. Date Incorporated or Qualified 04/16/1993	3a. Date of Las 04/14/1996	
	lace of Business	2a. Mailing Address		4. FEI Number 65-0410795	⊦ →	Applied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.7	Not Applicable 5 Additional Required
22 City & Stat	16	City & State		6. Election Campaign Financing		
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
7φ 24	Country 25	Z(p 29	Country 30	8. This corporation has liability for Florida Statutes	intangible tax unde	r s. 199.032,
<u></u>	9. Name and Address of Currer		1901	10. Name and Address of New Re		
RO1	THSTEIN, MARK L		81 Name			
	3 SOUTH UNIVERSITY DRIVE		82 Street Add	ress (P.O. Box Number is Not Accepta	ble)	
DAV	/IE FL 33324		83			···
			63			
			84 City		FL 85 Z	ip Code
11. Pursuant office or ragont. La SIGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig)2 and 607.1508, Florida State of Florida. Such change was ations of, Section 607.0505, F	utes, the above-named corpora authorized by the corpora Florida Statutes.	poration submits this statement for the j tion's board of directors. I hereby acce	ourpose of changing pt the appointment	j its registered as registered
	Sognative, by editor product name of registered age		DTE Registered Agent signature requ		DATE	
12.	processors and the second seco	D DIRECTORS	13,	ADDITIONS/CHANGES TO OFFICE		
THE	D Rothstein, Mark L	☐ D€LETE	1.1 TITLE 1.2 NAME		☐ Chang	e Addition
NAME STREET ADDRESS	10741 NW 18 DR		1.3 STREET ADDRESS			
CITY ST-7IP	PLANTATION FL 33322		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		☐ Chang	e Addition
NAME			2.2 NAME			
STREET ACORESS			2.3 STREET ADDRESS			
CHY-SI-ZIP			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITUE		Chang	e Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CHY-ST-Z:P		<u>-</u>	3 4, CITY-ST-ZIP			
TILLE		DELETE	4.1 TITLE		L Chang	e Addition
NAME			4. 2 NAME			
STREET ADORESS			4.3 STREET ADDRESS			1
CITY - ST - ZIP		☐ DELETE	4.4 CITY - ST - ZIP		Chang	e Addition
TITLE NAME		ן חבונונ	5.1 TITLE	•	LJ GIBIN	> FT VOORDOR
NAME Chick Laborites			5.2 NAME	·		
STREET ADORESS			5.3 STREET ADDRESS			
DITY-ST-76* Titte		☐ DELETE	5 4 C/TY - ST - ZIP 6 1 TITLE		Chang	e Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
orbite submisso			CARRY OF TO			

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.

SIGNATURE: |

GNATURE AND TYPEU OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L ROMENTEN X

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FILED

Mar 28 1997 8:00am

Secretary of State

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