

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 25 1996 8:00 am
Secretary of State

DOCUMENT # P93000056486 (2)

1. Corporation Name

GO PAGING CO.

Principal Place of Business

9969 MIRAMAR PKWY
MIRAMAR FL 33025

Mailing Address

9969 MIRAMAR PKWY
MIRAMAR FL 33025



2. Principal Place of Business

21 Site, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address

26 Site, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
08/09/1993

3a. Date of Last Report
03/28/1995

4. FEI Number
64-0430597

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANCHEZ, GEORGE
15605 NW 37 CT
MIAMI FL 33054

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 of Registered Agent or Secretary of State

Signature of Registered Agent or Secretary of State

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME	D	☐ DELETE
12.2 STREET ADDRESS	SANCHEZ, GEORGE	
12.3 CITY-STATE-ZIP	15605 NW 37 CT	
12.4 CITY-STATE-ZIP	MIAMI FL 33054	
12.5 NAME	D	☐ DELETE
12.6 STREET ADDRESS	SANCHEZ, OSCAR	
12.7 CITY-STATE-ZIP	15605 NW 37 CT	
12.8 CITY-STATE-ZIP	MIAMI FL 33054	
12.9 NAME		☐ DELETE
12.10 STREET ADDRESS		
12.11 CITY-STATE-ZIP		
12.12 CITY-STATE-ZIP		
12.13 NAME		☐ DELETE
12.14 STREET ADDRESS		
12.15 CITY-STATE-ZIP		
12.16 CITY-STATE-ZIP		
12.17 NAME		☐ DELETE
12.18 STREET ADDRESS		
12.19 CITY-STATE-ZIP		
12.20 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	
13.5 NAME	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	
13.9 NAME	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	
13.13 NAME	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	
13.17 NAME	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-STATE-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 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 registered or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-96

954 430 9022

Date

Telephone

CR2E034 (12/95)