

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Northing
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:18

DOCUMENT # P93000080692 (5)

1. Corporation Name

ABC PAGING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

16500 N.W. 52ND AVE.
MIAMI FL 33014

Mailing Address

16500 N.W. 52ND AVE.
MIAMI FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1993

3a. Date of Last Report

07/07/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

ZIP

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

ZIP

Country

4. FEI Number

65-0453431

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

8. Name and Address of Current Registered Agent

LAZAR, BRUCE E
1111 LINCOLN RD.
SUITE 500
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

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 607.1508, 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 (print or printed name of registered agent and Mar. 2, applicable)

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	POST
NAME	KUDEVIZ, JACK KUDEVIZ
STREET ADDRESS	16500 NW 52ND AVE.
CITY, ST, ZIP	MIAMI FL
TITLE	VPD
NAME	SIMON, RANDY
STREET ADDRESS	16500 NW 52 AVE.
CITY, ST, ZIP	MIAMI FL
TITLE	VPD
NAME	KUDEVIZ, MICHAEL
STREET ADDRESS	500 NW 52ND AVE.
CITY, ST, ZIP	MIAMI FL
TITLE	VPD
NAME	BURNS, ANDREW
STREET ADDRESS	16500 NW 52ND AVE.
CITY, ST, ZIP	MIAMI FL
TITLE	VPD
NAME	KUDEVIZ, MICHAEL
STREET ADDRESS	16500 NW 52nd Ave.
CITY, ST, ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	800001473818
1.4 CITY, ST, ZIP	-05/03/95--01109--022
	*****600.00 *****200.00
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95

305-621-6000