

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 17 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000005327 (9)**

1. Corporation Name  
**MERCURY PAGING CORP.**

Principal Place of Business Mailing Address  
**409 SE 7 ST FT LAUDERDALE FL 33301** **409 SE 7 ST FT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or created **01/18/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
21 **1499 W PALMETTO PARK ROAD** 26 **1499 W PALMETTO PARK ROAD**  
Suite, Apt. #, etc Suite, Apt. #, etc  
22 **SUITE 405** 27 **SUITE 405**  
City & State City & State  
23 **BOCA RATON FL** 28 **BOCA RATON FL**  
Zip Country Zip Country  
24 **33486** 25 Country 29 **33486** 30 Country

4. FEI Number  Applied For  
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  
**LESKAR, DAVID W**  
**409 SE 7 ST**  
**FT LAUDERDALE FL 33301**

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

SIGNATURE \_\_\_\_\_ Registered Agent (Signature Required After 1/1/95) \_\_\_\_\_ Registered Agent (Signature Required After 1/1/95)

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>LESKAR, DAVID W</b>
STREET ADDRESS	<b>409 SE 7 ST</b>
CITY, ST, ZIP	<b>FT LAUDERDALE FL 33301</b>
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>HILLS, SHELDON</b>
13 STREET ADDRESS	<b>1726 LAKE ESTATES DRIVE</b>
14 CITY, ST, ZIP	<b>BOCA RATON, FL 33496</b>
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>VP</b>
23 STREET ADDRESS	<b>HILLS, LORNA</b>
24 CITY, ST, ZIP	<b>1726 LAKE ESTATES DRIVE</b>
25 CITY, ST, ZIP	<b>BOCA RATON, FL 33496</b>
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>PRE'S</b>
33 STREET ADDRESS	<b>HILLS, SHELDON</b>
34 CITY, ST, ZIP	<b>1499 WEST PALMETTO PARK ROAD SUITE 405</b>
35 CITY, ST, ZIP	<b>BOCA RATON, FL 33486</b>
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>VP</b>
43 STREET ADDRESS	<b>HILLS, LORNA</b>
44 CITY, ST, ZIP	<b>1499 WEST PALMETTO PARK ROAD SUITE 405</b>
45 CITY, ST, ZIP	<b>BOCA RATON, FL 33486</b>
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 substantially true and correct and that the information stated in this filing is true and correct. 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 ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**SHELDON HILLS**

3/14/95 407-450-8899