

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**

DOCUMENT # P94000020644 (8)

1. CORPORATION NAME

BEEPER BABES, INC.

Principal Place of Business

**335 N.E. PROSPECT RD
OAKLAND PARK FL 33334**

Mailing Address

**335 N.E. PROSPECT RD
OAKLAND PARK FL 33334**

DEFINITIONS IN THIS SPACE

| | |
|---|--|
| 3. Date incorporated or organized 03/16/1994 | 3a. Date of Last Report |
| 4. FFI Number 65-0474789 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. This corporation has liability for interstate tax under § 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. State, Apt. # etc. | 26. State, Apt. # etc. |
| 22. City & State | 27. City & State |
| 23. Co. County | 28. Co. County |
| 24. 25. 29. 30. | |

9. Name and Address of Current Registered Agent

**LOUGHREY, DOLORES
335 N.E. PROSPECT RD
OAKLAND PARK FL 33334**

10. Name and Address of New Registered Agent

| |
|---|
| 81. Name Michelle Oberlander |
| 82. Street Address (P.O. Box Number is Not Acceptable) 335 N.E. Prospect Rd |
| 83. City Oakland Park |
| 84. City |
| 85. Zip Code FL 33334 |

11. Pursuant to the provisions of Sections 607 (b)(4) and 607 (1)(b) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to a registered office in 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 (b)(4) Florida Statutes.

SIGNATURE: *Michelle Oberlander* DATE: **4-29-95**

12. OFFICERS AND DIRECTORS

| | |
|----------------------|------------------------------|
| 1. NAME | D LOUGHREY, DOLORES |
| 2. STREET ADDRESS | 335 N.E. PROSPECT RD |
| 3. CITY, STATE, ZIP | OAKLAND PARK FL 33334 |
| 4. TITLE | |
| 5. NAME | |
| 6. STREET ADDRESS | |
| 7. CITY, STATE, ZIP | |
| 8. TITLE | |
| 9. NAME | |
| 10. STREET ADDRESS | |
| 11. CITY, STATE, ZIP | |
| 12. TITLE | |
| 13. NAME | |
| 14. STREET ADDRESS | |
| 15. CITY, STATE, ZIP | |
| 16. TITLE | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------------|-------------------------------|--|
| 1. NAME | D Michelle Oberlander | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. STREET ADDRESS | 335 N.E. Prospect Rd | |
| 3. CITY, STATE, ZIP | Oakland Park, FL 33334 | |
| 4. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. NAME | | |
| 6. STREET ADDRESS | | |
| 7. CITY, STATE, ZIP | | |
| 8. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. NAME | | |
| 10. STREET ADDRESS | | |
| 11. CITY, STATE, ZIP | | |
| 12. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(B), Florida Statutes. I further certify that the information included 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. If there are any additions or deletions to the corporation or the officers or directors, the report as prepared by Chapter 607, Florida Statutes, shall that my name appears in Block 12 or Block 13 of this report, or on an attachment, or on an affidavit with an address.

SIGNATURE: *Michelle Oberlander*
MICHELLE OBERLANDER
Michelle Oberlander

4-13-95