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COR ATION
ANN AL REPORT
1995

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

APPROVED
AND
FILED

95 APR 11 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000050557 (5)

1. Corporation Name

PAGE ONE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
~~6011 S. HWY 17-92~~	~~6011 S. HWY 17-92~~
~~CASSELBERRY FL 32707~~	~~CASSELBERRY FL 32707~~

979 E. ALTAMONTE DR
ALTAMONTE SPGS. FL. 32701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 979 E ALTAMONTE DR	26 P.O. BOX 4732
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ALTAMONTE SPRINGS	28 City & State: WINTER PARK
24 Zip: 32701 — 25 Country: USA	29 Zip: 32793 — 30 Country: USA

3. Date Incorporated or Qualified: 07/05/1994
3a. Date of Last Report:
4. FEI Number: 59-3021594 — ☐ 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

PAGE, EDITH M
~~6011 S. HWY 17-92~~
~~CASSELBERRY FL 32707~~

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 _______ DATE _______

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: DIRECTOR NAME: Edith M. Page STREET ADDRESS: 164 S. MAITLAND AVE CITY-ST-ZIP: ALT. SPGS. FL. 32701	☐ Change ☐ Addition 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 300001454503 -04/12/95--01068--016 ****200.00 ****200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

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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)(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: Edith M. Page — Edith M. Page — 3/24/95 — (407) 260-12502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007380 CP