## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P94000062083 (8)

## **FILED** May 12 1998 8:00am Secretary of State

| PAGE NOW, INC.   |   |                   |  |                           |        | L 1881/461 HG 1814 BIBN GÖTT STOT BAHL BAHR BIHF (1814 BAHR 1814) |  |
|--|---|-------------------|--|---------------------------|--------|---|--|
|  |   |                   |  |                           |        |   |  |
| Principal Place of Business Mailing Address  |   |                   |  |                           |        |   | i inaninate ild 16:11 delti Stait doist dailt Stiff Stiff ildit dailt idital isted tift iant               |
| 16500 N.W. 52ND AVE.<br>MIAMI FL 33014   |   |                   | 16500 N.W. 52ND AVE.<br>MIAMI FL 33014 |                           |        |   |  |
|  |   |                   |  |                           |        |   | DO NOT WRITE IN THIS SPACE   |
|  |   |                   |  |                           |        |   | 3, Date Incorporated or Qualified  |
| 2. Principal Place of Business   |   |                   | 2a. Mailing Address                    |                           |        |   | 08/22/1994<br>4. FEI Number Applied For  |
| 21   |   |                   | 26                                     |                           |        |   | 65-0520511 Not Applicable  |
| Suite, Apt. #, etc.  |   |                   | Suite, Apt. #, etc.                    |                           |        |   | 5. Certificate of Status Desired \$8.75 Additional   |
| 22   |   |                   | 27                                     |                           |        |   | Fee Required   |
| City & State   |   |                   | City & State                           |                           |        |   | 6. Election Campaign Financing \$5.00 May Be   |
| <b>23</b> Zip  | Zip Country                             |                   | Zip Coul                               |                           | ntry   |   | Trust Fund Contribution  |
| 24   | 25                                      | 29                | ]                                      | 30                        |        |   | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |
|  | 9. Name and Address                     | of Current Regi   | stered Agent                           | 1                         |        |   | 10. Name and Address of New Registered Agent   |
| Market Commence  |   |                   |  |                           | 81     | Name  |  |
| 1111 LINCOLN RD. 2901  |   |                   | CULLING AVENUE                         |                           |        | Street Addr   | ress (P.O. Box Number is Not Acceptable)   |
| SUITE 500 SUITE  |   |                   | 5 M                                    |                           |        |   |  |
| LAZAR, BRUCE E  1111 LINCOLN RD. 2901 SUITE 500 SUITE MIAMI BEACH FL 33139 MIAMI   |   |                   | 11 BEACH, FL 33140                     |                           |        |   |  |
|  |   |                   |  |                           | 84     | City  | FL 85 Zip Code   |
| 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-na   |   |                   |  |                           |        | named corp  | poration submits this statement for the purpose of changing its registered                                 |
| 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, typied or printed name of re |                   |  | E Registered              | Agen   | t signature requir  | fred when reinstating) DATE  |
| 12.  |   | CERS AND DIRE     |  | 13.                       |        |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE  | VP NIONAEI                              |                   | ☐ DELETE                               |                           |        |   | Change Addition  |
| NAME<br>OTOGET ADDRESS   | ADDRESS 16500 NW 52ND AVENUE            |                   | 1.2 NA                                 |                           |        | 200000  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 1                                       |                   | •                                      |                           |        | DDRESS  | İ  |
| TITLE  | VP                                      |                   | DELETE                                 | 1.4 GITY-<br>TE 2.1 TITLE |        | - 411   | ☐ Change ☐ Addition  |
| NAME   | BURNS, ANDREW                           |                   |  | 2.2 NAM                   |        | İ   |  |
| STREET ADDRESS   |   |                   |  | 2.3 STA                   |        | ADDRESS   |  |
| CITY-ST-ZIP  |   |                   | 2.40                                   |                           | TY-ST  | - 1   |  |
| TITLE  | STDP                                    |                   | DELETE 3.1 T.                          |                           | LE     |   | Change Addition  |
| NAME   | KUDEVIZ, JACK                           |                   |  | 3.2 NA                    | ME     | ł   |  |
| STREET ADDRESS   | 10000 1111 00110 1110100                |                   | 3.3 S                                  |                           | REET A | uddress   |  |
| ÇITY-ST-ZIP  | MIAMI FL                                |                   |  |                           | TY-ST  | ZIP   |  |
| TITLE  | VP                                      |                   | ☐ DELETE 4.1 TO                        |                           |        |   | - Change L Addition  |
| NAME   |   |                   |  | 4. 2 NA                   |        |   |  |
| STREET ADDRESS   | 10000 1111 02112 1111                   |                   |  |                           |        | DORESS  | ļ  |
| CITY-ST-ZIP<br>TITLE   |   |                   | DELETE 51 TIT                          |                           |        | - ZIP   | Change Addition  |
| NAME   |   |                   | _ pricit                               | 5.2 NA                    |        |   | C. Grango C. Addition  |
| STREET ADDRESS   |   |                   |  |                           |        | LDDRESS   |  |
| CITY-ST-ZIP  |   |                   |  | 5.4 CITY-ST-ZIP           |        |   |  |
| TITLE  |   |                   | DELETE                                 | 6.1 TIT                   |        |   | Change Addition  |
| NAME   |   |                   |  | 6.2 NA                    | ME     | Ì   |  |
| STREET ADDRESS   |   |                   |  | 6.3 \$11                  | REET A | DDRESS  | į  |
| CITY-ST-ZIP  |   |                   |  | 6 4 CIT                   | Y-ST   | - ZIP   |  |
| 14. I hereby o   | ertify that the information si          | upplied with this | filing does not qualify for            | or the exe                | mptie  | on stated in  | Section 119.07(3)(i), Florida Statutes. I further certify that the information                             |

indicated on iris annual report of 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 ar 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:** 

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