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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000070626 (4)

PAGER ONE OF FLORIDA, INC.

## FILED Apr 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 5950 OKEECHOBEE BLVD. 5950 OKEECHOBEE BLVD. WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33417 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/23/1994 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 34-1780783 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BAWAB, RICHARD 5950 OKEECHOBEE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **WEST PALM BEACH FL 33417** 83 84 City 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 heroby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or ported name of registered agont and tide if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE TITLE 1.1 TITLE BAWAB, RICHARD CR2E034 NAME 1.2 NAME 4200 N OCEAN BLVD 201 BLDG 1 1.3 STREET ADDRESS STREET ADDRESS **SINGER ISLAND FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP Change Addition DELETE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY- ST- ZIP DELETE Change 3.1 TITLE Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 7IP Change DELETE Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STHEET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DELETE \_\_\_ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. Thereby certify that the information supplied with this filing 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 roport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the recovery in true lee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an infact with an address