

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jun 16 1997 8:00am
Secretary of State

DOCUMENT # P94000070638 (9)

1. Corporation Name
ATLAS PAGING INC.

Principal Place of Business

1072 W SAMPLE ROAD
POMPANO BEACH FL 33064
US

Mailing Address

1072 W SAMPLE ROAD
POMPANO BEACH FL 33064-2016
US

3. Date incorporated or Organized

09/22/1994

3a. Date of Last Annual Report

05/01/1996

4. FEI Number

65-0565756

Applied Fee
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 Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

POWERS, STEPHANIE J
1072 W SAMPLE ROAD
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

FL

85. Zip

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 to those 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

12. OFFICERS AND DIRECTORS

1. NAME

POWERS, STEPHANIE
1072 W SAMPLE ROAD
POMPANO BEACH FL

2. NAME

POWERS, MICHAEL
1072 W SAMPLE ROAD
POMPANO BEACH FL

3. NAME

4. NAME

5. NAME

6. NAME

7. NAME

8. NAME

9. NAME

10. NAME

11. NAME

12. NAME

13. NAME

14. NAME

15. NAME

16. NAME

17. NAME

18. NAME

19. NAME

20. NAME

21. NAME

22. NAME

23. NAME

24. NAME

25. NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1. NAME

2. NAME

3. NAME

4. NAME

5. NAME

6. NAME

7. NAME

8. NAME

9. NAME

10. NAME

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30. NAME

31. NAME

32. NAME

14. I do hereby certify that the information furnished on this filing does not qualify for the exemption stated in Section 607.0505, Florida Statutes. Further, I certify that the information furnished on this filing is true and accurate and that my signature shall have the same legal effect as if made by me in person. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes, and that the information appears in Block 12 of this report. I am attaching with an address.

SIGNATURE:

Stephanie J. Powers

Stephanie J. Powers

4-25-97

954-946-9021

CR2E034 (9/96)

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