

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90449 044 ***150.00

DOCUMENT # P95000024090 1. Entity Name 931 MHZ PAGING CORP.			
Principal Place of Business 1499 W. PALMETTO PARK RD. SUITE 405 BOCA RATON, FL 33486		Mailing Address 1499 W. PALMETTO PARK RD. SUITE 405 BOCA RATON, FL 33486	
2. Principal Place of Business 17726 LAKE ESTATES DRIVE Suite, Apt. #, etc.		3. Mailing Address 17726 LAKE ESTATES DRIVE Suite, Apt. #, etc.	
City & State BOCA RATON, FLA. Zip 33496		City & State BOCA RATON, FLA Zip 33496	
Country USA		Country USA	
4. FEI Number 65-0576825		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEPARD & LESKAR, P.A. 100 SOUTH PINE ISLAND ROAD, #201 PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLS, SHELDON 1499 W. PALMETTO PK RD. #405 BOCA RATON, FL 33486	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLS, LORNA 1499 W. PALMETTO PK RD. #405 BOCA RATON, FL 33486	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"> 4/21/04 561-213-8250 </div> <small>Date Daytime Phone #</small>	