

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000029175 (3)

1. Corporation Name

CHEAPER BEEPERS, U.S.A., INC.



Principal Place of Business

750 E. SAMPLE. BLDG. 4. BAY 4
POMPANO BEACH FL 33064

Mailing Address

750 E. SAMPLE. BLDG. 4. BAY 4
POMPANO BEACH FL 33064

3. Date Incorporated or Qualified

04/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 500 RACE TRACK ROAD

26 500 RACE TRACK ROAD

4. FEI Number

65-0579415

Applied For

Not Applicable

22 Suite, Apt. #, etc.

SUITE D

27 Suite, Apt. #, etc.

SUITE D

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 City & State

FT WALTON BEACH-FL

28 City & State

FT WALTON BEACH-FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip

32547

25 Country

RIOWAND

29 Zip

32547

30 Country

BROWARD

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~DELGADO, JOSE A~~ MITCHELL, CAROLYN
~~750 E. SAMPLE, BLDG. 4, BAY 4~~ 2560 NORTH UNIVERSITY DR.
~~POMPANO BEACH FL 33064~~ SUNRISE-FL 33322

81 Name

CAROLYN MITCHELL

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

2560 NORTH UNIVERSITY DRIVE

83

84 City

SUNRISE

FL

85 Zip Code

33322

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
DELGADO, JOSE A
3901 N. 40TH AVENUE
HOLLYWOOD FL 33021

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
DELGADO, JOSE A.
750 EAST SAMPLE
BLVD BAY 4
POMPANO BEACH-FL 33064
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MITCHELL, CAROLYN
2560 NORTH UNIVERSITY DRIVE
SUNRISE, FL 33322

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
V.P + DIRECTOR
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-96

Date

(30r)

748-3384

Daytime Phone #

CR2E034 (12/95)