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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

P95000034667 (2)

PAGER DEPOT, INC.

Principal Place of Business

Mailing Address

8585 KIMBLE WAY BOCA RATON FL 33433 8585 KIMBLE WAY BOCA RATON FL 33433



| | | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 05/03/1995 | | |
|--|---|---------------------------------------|--------------|---|--------------------------|---|-------------------|--|
| 2. Principal Pla | ce of Business | 2a. Mailing Address | | | | 4. FEI Number Applied | LEar | |
| | WEST SAMPLE ROAD | 26 7841 WEST | Som | OLE B | ran | 16 45 70000 | plicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | with rong | | very | 5. Certificate of Status Desired See Required | | |
| Oly & State 23 COLOL 4 | SPUNES, FL | City & State 28 CORN SPRINGS, FC | | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | |
| Zip 24 33069 | S 25 USA | 29 33065 | Cou | intry USA | | This corporation has liability or intangible tax under s 199.0: Florida Statutes | 32, | |
| | 9. Name and Address of Curren | t Registered Agent | | | | 10. Name and Address of New Registered Agent | | |
| LAI, EDM | II INE | | | | .me | | | |
| 8585 KIMBLE WAY | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| BOCA RATON FL 33433 | | | | 83 | | | | |
| | | | | 84 Cit | у | FL 85 Zip Code | | |
| or registere | o the provisions of Sections 607.0502 ad agent, or both, in the State of Floric a, and accept the obligations of, Secti | ia. Such change was authorize | s, the abo | ove-name corporati | ed corpora on's board | ation submits this statement for the purpose of changing its register of directors. I hereby accept the appointment as registered agent. | ed office I am | |
| SIGNATURE _ | Signature, typed or printed name of registered agent i | and like if ancheship | E Popistores | (Agga) sign | North Reviews of | when reinstating) DATE | | |
| 12. | OFFICERS AND | | 13. | - Agoric agric | 10.616-311-63 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN | 12 | |
| TITLE | D | DELETE | 1.11 | ITLE | TV | | Addition | |
| NAME | LAI, EDMUND | | 12 N | | LA | I, EDMUND | | |
| STREET ADDRESS | 8585 KIMBLE WAY | | | TREET ADDR | | ES KIMBLE WAY | | |
| City-St-ZiP | BOCA RATON FL 33433 | | | ITY-ST-ZIP | | CA RATON FL 33433 | | |
| TITLE | D | ☐ DELETE | 2 1 1 | | P | | ddition | |
| NAME | SETO, ANDREW | | 22 N | AME | , , | ETO, ANDREW | | |
| STREET ADDRESS | 6401 NW 53RD STREET | | | TREET ADDR | ESS JAL | OI NW 53 PD STREET | | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33067 | | | TY-ST-ZIP | | PRAL SPRINGS FL 33067 | Ī | |
| TITLE | D | ☐ DELETE | 3.17 | | TV | | ddition | |
| NAME | CHANG, JERRY | _ | 3.2 N | | CHA | (E) (L) | | |
| STREET ADDRESS | 5240 SW 88TH TERRACE | | | TREET ADOF | ESS 52 | ANG SERRY 140 SW 88 IN TERRACE | | |
| CITY-S1-ZIP | COOPER CITY FL 33328 | | | TY-ST-ZIP | | EXPER CITY FL 33328 | | |
| TITLE | | DELETE | 4.11 | | - 100 | | ddition | |
| NAME | | _ | 4.2 N | AME | ĺ | · · · · · · · · · · · · · · · · · · · | | |
| STREET ADDRESS | | | | reet addr | ess | | | |
| CITY-ST-ZIP | | | | 1Y - ST - ZIP | | | | |
| 1ITLE | | ☐ DELETE | 5.17 | | | ☐ Change ☐ A | ddition | |
| NAME | | _ | 5.2 N | AME | | _ , _ | | |
| STREET ADDRESS | | | | REET ADDR | ESS | | | |
| CITY - ST - ZIP | | | | TY-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 6 1 1 | | | ☐ Change ☐ A | ddition | |
| NAME | | _ | 62 N | | | | | |
| STREET ADDRESS | | | | REET ADDR | ess | | | |
| CITY-ST-ZIP | | | | TY-ST-ZIP | 1 | | | |
| | certify that the information supplied w | ith this filing is voluntarily furnis | | | qualify for | r the exemption stated in Section 119.07(3)(k), Florida Statutes. I ful | ther | |

early 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:X

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0249-96 , (954)346-919

CR2E034 (12/95)