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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P95000061323 (8)

THE RESORT PAGES INTERNATIONAL, INC.

FILED Mar 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							# ### 1111 1 ## 1	
3951 MERCAI NAPLES FL 3 US		3951 MERCANTILE AVE C NAPLES FL 33962 US			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified		
9 Principal P	lace of Business	2a. Mailing Address				08/07/1995 4. FEI Number		A 11 1 - E
21	iade of positions	26					···	Applied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				65-0403287 Not Applicable \$8.75 Additional		
22		27	27			5. Cermicate of Status Desired Fee Required		
City & State	6 	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country		Zip	—			8. This corporation owes or has paid the current year Intangible		
24	25	29	30]			Personal Property Tax due June 30.		□ No
	9. Name and Address of Curi	ent Registered Agent				10. Name and Address of New Register	ed Agent	
	OMAS, PAUL JR		'	B1 Na	me			
,	51 MERCANTILE AVE C PLES FL 33962		į.	32 Str	eet Addres	ress (P.O. Box Number is Not Acceptable)		
"``	LEG I E 0000E		Ī	33			 	
			ļ	34 Cit	у		-L 85 Zip	p 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 hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	•	•						
ļ <u>.</u>	Signature, typed or printed name of registered		_	Agent sign	elure required	s when reinstating) DAT	<u> </u>	
12.		AND DIRECTORS DELETE	13.		$\overline{}$	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change	
	PTSD	L. Detter	1.1 TITE	1.2 NAME			Change	L_I Addition
NAME Street address	THOMAS, PAUL JR 2611 ESTEY AVENUE		- 1	1.3 STREET ADDRE				
	NAPLES FL 33942		•		:55			
CITY-ST-ZIP TITLE	V	DELETE		1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition
NAME I	KHALIQ, JENNY		2.1 III.		-			C) Addition
STREET ADDRESS	2611 ESTEY AVENUE			TL EET ADORE	ree			
CHY-ST-ZIP	NAPLES FL 33942		1	Y-ST-ZIP				
TITLE	NATECO 1 L 30842	☐ DELETE	3.1 TITL				Change	Addition
NAME		-		3.2 NAME				
STREET ADDRESS				eet addre	ess			
CITY-ST-ZIP				Y-ST-ZIP	- 1			i
TITLE		DELETE	4.1 TITL		\dashv		Change	Addition
NAME			4. 2 NAI	ME			•	
STREET ADDRESS			4.3 STR	EET ADDRE	ess			ł
CITY-ST-ZIP				r-ST-ZIP				ŀ
TITLE		☐ DELETE	5.1 TITL			•	Change	Addition
NAME			5.2 NAN	1E	1			İ
STREET ADDRESS			5.3 STR	EET ADDRE	ess			
CITY-ST-ZIP			5.4 CITY	-ST-ZIP				İ
TITLE		DELETE	6.1 TITL				Change	Addition
NAME			6.2 NAN	1E	Ì			1
STREET ADDRESS			6.3 STA	EET AODRE	:ss			1
CITY-ST-ZIP			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 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 apartic himent with an address.

3-12-98