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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90057 014 ***150.00

DOCUMENT # P95000061323

THE RESORT PAGES INTERNATIONAL, INC.

Principal Place	e of Business	Maining Address						
3951 MERCANTILE AVE C		3951 MERCANTILE AVE C NAPLES FL 33962				_		
		US	=		DO NOT WRITE IN THIS SPACE			
US		03	03		3. Date Incorporated or Qualife			
					08/07/1995			
2. Principal Place of Business 2a. Mailing Addres			ess		4. FEI Number	***	Ap	plied For
21		26		65-0403287		No	t Applicable.	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75	Additional
22		27	¬ · · ·		5. Certifcate of Status Desired		Fee Re	equired
City & State			City & State		6. Election Campaign Financin	a	\$5.00	May Be
23		28	¬ ·		Trust Fund Contribution Added to Fees			
Zip Country			Zip Country		8. This corporation owes the co	urrent vear Inta	ngible	
24	25	· _	30		Personal Property Tax. Yes No			
24)	9. Name and Address of Curre		2		10. Name and Address of Nev	v Registered A	gent	
	J. Hamo and Addition C. Com.		81	Name				
THOMAS, PAUL JR								
3951 MERCANTILE AVE C			82 Street Ad		lress (P.O. Box Number is Not Acce	ptable)		
NAPLES FL 33962			83					
	•		84	City		FL.	85 Zip	Code
							1 1	
11. Pursuant office or reagent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	502 and 607.1508, Florida Statutes e of Florida. Such change was aut gations of, Section 607.0505, Florid	i, the above horized by da Statute:	re-named corporations.	poration submits this statement for the ion's board of directors. I hereby according to the interest of the in	cept the appoin	manging its tment as re	gistered
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE: F	Registered Age	nt signature requir	ed when reinstating)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTO	ORS IN 12
TITLE	PTSD	☐ DELETE	1.1 TITLE .				☐ Change	☐ Addition
NAME	THOMAS, PAUL JR		1.2 NAME					
STREET ADDRESS	2611 ESTEY AVENUE		1.3 STREE	TADDRESS				
CITY-ST-ZIP	NAPLES FL 33942		1.4 CITY-ST-ZIP					}
TITLE	V	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME	KHALIO, JENNY		2.2 NAME					
	2611 ESTEY AVENUE			ET ADDRESS				
STREET ADDRESS			2. 4 CITY-		- · · ·		` -	- }
CITY-ST-ZIP TITLE			3.1 TITLE	31-21			Change	Addition
NAME		(_ DECC.)	3.2 NAME					_
STREET ADDRESS			3.3 STREE	ET ADDRESS				ŧ
CITY-ST-ZIP	<u> </u>		3.4. CITY-	ST-ZIP			· 	·
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME			4. 2 NAME	†				
STREET ADORESS			4.3 STREE	T ADDRESS				
CITY+ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-					
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition
I				ı				
NAME	1		6.2 NAME					
NAME STREET ADDRESS				ET ADORESS				

14. 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 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, with all other like empowered.

SIGNATURE: