

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

FILED

Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moftah Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000080043 (9)

1. Corporation Name
NATIONS PAGE, INC.

Principal Place of Business
1000 W. OAKLAND PARK BLVD.
WILTON MANORS FL 33311

Mailing Address
1000 W. OAKLAND PARK BLVD.
WILTON MANORS FL 33311



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/16/1995	
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number 65-0624686		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

KENT, NORMAN ELLIOTT ESQUIRE
800 E. BROWARD BOULEVARD
SUITE 310
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81. Name	Louis John Chape, C.P.A.	
82. Street Address (P.O. Box Number is Not Acceptable)	P.O. Box 451299	
83. City	Beverly, FL 33343	
84. State	FL	85. Zip 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 in 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 607.0502, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 2/18/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	NAME
	HOLMES, SUSAN		PRES
STREET ADDRESS	1000 W. OAKLAND PARK BLVD.	1.2 NAME	William F Hickman
CITY-ST-ZIP	WILTON MANORS FL 33311	1.3 STREET ADDRESS	6408 FLAGLER ST
		1.4 CITY-ST-ZIP	Hollywood FL 33023
TITLE	NAME	2.1 TITLE	NAME
			VICE PRES
STREET ADDRESS		2.2 NAME	Joyce Knapper
CITY-ST-ZIP		2.3 STREET ADDRESS	235 NW 135th Ave
		2.4 CITY-ST-ZIP	Doral FL 33126
TITLE	NAME	3.1 TITLE	NAME
			Jay Knapper
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	3652 E. 20th Rd.
		3.4 CITY-ST-ZIP	Doral, FL 33126
TITLE	NAME	4.1 TITLE	NAME
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	NAME
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	NAME
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* DATE: 2-25-98

CR2E034 (10/97)