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

PROFIT CORPORATION ANNUAL REPORT

1998

PEORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000088169 (4)

BEEPERS ETC., INC.

DECI ENO	L10., 1110.							
Principal Place of Business Mailing Address						- LEGINADO NA HARIOTAN QUAN DANIN DANIN DANIN CELEL INION PATAN NAUTA DANIN 1911 1911		
1408 E. FLETCHEI TAMPA FL 33612	R AVENUE	16535 FOREST	C/O ALLAN WEISTOCK 16535 FORESTLAKE DRIVE TAMPA FL 33624			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
2. Principal Place	of Business	2a, Mailing Ad	dress			11/16/1995 4. FEI Number Applied For		
21	01 200111300)i	26			59-3346606 Not Applicat		
Suite, Apt. #. e	ic.		Suite, Apt. #, etc.			\$8.75 Additional		
22		27				5. Certificate of Status Desired Fee Required		
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zιρ		Country		8. This corporation owes or has paid the current year Intangible		
24	25	29	30			Personal Property Tax due June 30. 🔀 Yes 🔲 No		
	, Name and Address of Cu	rrent Registered Agen	<u> </u>	81	Name	10. Name and Address of New Registered Agent		
11. Pursuant to th	FL 33624 e provisions of Sections 607	.0502 and 607, 1508, Flo	rida Statutes, th	83 84 ne above	City	corporation submits this statement for the purpose of changing its registere oration's board of directors. I hereby accept the appointment as registered		
agent. I am fa	miles with and accept the o	bligglens of, Section 60	7.0505 Florida	Statutes	it	equired when reinstating) OATE OATE		
12.	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P		X	DELETE	1.f TITLE		☐ Change ☐ Additi		
WAME SCHOINTUCH, ROBERT S STREET ADDRESS 15306 CARRILTON LANE				1.2 NAME 1.3 STREET ADDRESS				
	MPA FL 33624			1.4 CITY-ST-ZIP		₽ Change ☐ Addili		
	S FICTOCK ALLAN M					P Change Additi		
	WEISTOCK, ALLAN M RESS 16535 FORESTLAKE DRIVE			2.2 NAME 2.3 STREET ADDRESS				
	TAARD MI AAAAA			2.4 CITY-ST-ZIP				
TITLE	DELETE			31 TITLE		☐ Change ☐ Additi		
NAME		ب.		3.2 NAME	1	hand Country's time 1 record		
STREET ADDRESS				3 3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY-S				
TITLE				4.1 TITLE	, - <u>z(r</u>	Change Additi		

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 supplimental 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. The property of the control of the receiver of the receive

4. 2 NAME

5.2 NAME

6 1 TITLE 6.2 NAME

DELLTE

DELETÉ

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

Cellen Weistoch

3/10/98

(813)615-0803

Change

Addition

Addition

FILED

Apr 30 1998 8:00am

Secretary of State