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

PROFIT
CORPORATION
ANNUAL REPORT
1998



ELOBIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000020444 (1)

JOHN PAGE ENTERPRISES, INC.

FILED Apr 27 1998 8:00am Secretary of State



Principal Place	Mailing Address				a jaminden jim ratin matit matit datit datit datit matit matit didit midit midit midit midit midit (4.8)					
516 BURNS L SARASOTA FI		516 BURNS LANE SARASOTA FL 34236				DO NOT WIDE	T IN THE C	DAGE		
					-	DO NOT WRIT Date Incorporated or Qualified		PACE		
					l °	03/05/1996				
2. Principal Pl	ace of Business	2a. Mailing Address			-	1. FEI Number			pplied For	
21		26				65-0640715			ot Applicable	
Suite, Apt.	#. e1c.	Suite: Apt. #, etc.						CQ 75 Additional		
22	.,	27			5	Certificate of Status Desired			equired	
City & State)	City & State				Election Campaign Financing			May Be	
23		28			"	Trust Fund Contribution	П		to Fees	
Zip	Country	Zip	Cou	intry	8	. This corporation owes or has p	aid the curr			
24	25	29	30		"	Personal Property Tax due Jun	-	<i>,</i>] No	
	9. Name and Address of Curren		12.21		10). Name and Address of New R		gent		
PΔſ	GE, JOHN L			81 Nan	ne					
	BURNS LANE			00 0		(50 B) N 1 1 1 1 1 1 1 1 1				
	RASOTA FL 34236		82 Street A			P.O. Box Number is Not Accepta	able)			
J 074	1100 IA I E 01200			83	**					
				84 City			FL	85 Zip	Code	
office or re	o the provisions of Sections 607 050 agustered agont, or both, in the State	of Florida, Such change was	authorized	d by the c	ed corporation's	on submits this statement for the board of directors. I hereby acce	nurnose of	t L changing i Intment as	ls registered registered	
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statute's. SIGNATURE Signature typid or protections on of reposterial agent and titled applicable (NOTL Registerial Agent signature required when reinstating) DATE										
	Signature typed or printed name of registered age OF LICERS AN	and the second s		d Agent signa			DATE CONTRACT	DIDECTOR		
12.	D OFFICE HS AIN	DELETE	13. 1.1 III	7) F	·	ADDITIONS/CHANGES TO OFF		Change	Addition	
NAME	PAGE, JOHN L	- oracir					,	Unange	L. Addition	
· .			1.2 NA							
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	DAGE KATHADINE C		2.1 TITLE					Ghange	T Wouldon]	
NAME	PAGE, KATHARINE S		2.2 NAME.							
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NAME			6.2 NA	ME						
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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 supplienced all annual report is true and accurate and that my signature shall have the same legal offect as if made under eath; 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.

INVESTIGE VALLAGIA CON OF VOLVE VALLAGIA O CARE 1/20/98 911 921-5444