## 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

## DOCUMENT # P96000027049

1. Corporation Name

RADIOPAGE BEEPERS AND CELLULAR, INC.

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90054 046 \*\*\*150.00



Principal Place	e of Business	Mailing Address							,
2273 S UNIVER	ISITY DR	2273 S UNIVERSITY DR			ļ				
DAVIE FL 33324	4	DAVIE FL 33324			DO NOT ME	NTE IN THIS S	DACE		
1						RITE IN THIS S	TAGE		
					3. Date Incorporated or Qualifed	ı			
	·				03/21/1996		T T A =	-lied Fee	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		$ \leftarrow$ $ \sim$	olied For	
21		26			65-0723904			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		- '	5. Certificate of Status Desired		\$8.75 A Eee Re		
22		27	<del></del>						
City & State	e .	City & State			6. Election Campaign Financing	<b>'</b> 🗆	\$5.00 Added to		
23		28	<u> </u>		Trust Fund Contribution			J Fees	
Zip	Country	Zip		untry	8. This corporation owes the cu			□No	
24	25	29	30		Personal Property Tax.  10. Name and Address of New				
	9. Name and Address of Cur	rent Registered Agent		81 Name	10. Name and Address of New	Registered A	gent		
ROTI	HSTEIN, MARK L			Name					
l	S UNIVERSITY DR			82 Street A	ddress (P.O. Box Number is Not Accep	itable)			
	1E FL 33324				<u> </u>				
DAVI	IE FL 33324			83					
ļ				84 City			85 Zip C	ode	
,				1		<u> </u>	1 1		
	to the provisions of Sections 607.0	0502 and 607.1508, Florida Stat	utes, the	above-named c	corporation submits this statement for the ration's board of directors. I hereby according	e purpose of c	hanging its	registered	
11. Pursuant	egistered agent, or both, in the Sta	ate of Florida. Such change was	autnonze	a by the corba	ration's poard of directors. Thereby acco	ept the appoint	ment as reg	Jistorou	
office or re	m familiar with, and accept the ob-	ligations of Section 607.0505. F	lorida Sta	tutes.					
office or re agent. I as	m familiar with, and accept the ob	digations of, Section 607.0505, F	lorida Sta	tutes.				}	
office or re agent. I as	m familiar with, and accept the ob-	aligations of, Section 607.0505, F	ionga Sia	es.	quired when reinstating)	DATE			ά
office or re agent. I as	m familiar with, and accept the ob-	aligations of, Section 607.0505, F	ionga Sia	d Agent signature rec		FFICERS AND			1/08)
office or re agent. I as SIGNATURE	m familiar with, and accept the ob-	agent and title if applicable. (NO	TE: Registere	d Agent signature rec	quired when reinstating)	FFICERS AND	DIRECTO	RS IN 12	(11/08)
office or reagent. I as	m familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS	agent and title if applicable.  (NO AND DIRECTORS	TE: Registere  13 1.1	id Agent signature red . TTLE	quired when reinstaling) ADDITIONS/CHANGES TO O	FFICERS AND	Change	☐ Addition	34 (11/08)
office or reagent. I as	Signature, typed or printed name of registered OFFICERS	agent and title if applicable.  (NO AND DIRECTORS	TE: Registere  13 1.1	id Agent signature red . TTLE	quired when reinstaling) ADDITIONS/CHANGES TO O	FFICERS AND	Change	☐ Addition	E034 (11/08)
office or in agent. I as SIGNATURE  12. TITLE NAME STRE TADDRESS	m familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS D ROTHSTEIN, MARK L	agent and title if applicable.  (NO AND DIRECTORS	TE: Registers 1.1 1.21 1.33	id Agent signature red . TTLE	quired when reinstating)	FFICERS AND	Change	□ Addition	D2E034 (11/08)
office or reagent. I as SIGNATURE  12.  TITLE  NAME	m familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS D ROTHSTEIN, MARK L	agent and title if applicable.  (NO AND DIRECTORS	TE: Registere 13 1.1 1.21 1.31 1.41	id Agent signature res . TITLE VAME STREET ADORESS	quired when reinstaling) ADDITIONS/CHANGES TO O	FFICERS AND	Change	☐ Addition	CP2E034 (11/08)
office or in agent. I as SIGNATURE  12. TITLE NAME STRE TADDRESS CITY-ST-ZIP	m familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS D ROTHSTEIN, MARK L	agent and title if applicable. (NO AND DIRECTORS	TE: Registere 13 1.1 1.2 1.3 1.4 1.2 1.2 1.2 1.3 1.4 1.2 1.3 1.4 1.2 1.3 1.4 1.2 1.3 1.4 1.4 1.2 1.3 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4	id Agent signature reconstructions.  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP	quired when reinstaling) ADDITIONS/CHANGES TO O	FFICERS AND	Change	□ Addition	CB2E034 (11/98)
office or r agent. I as SIGNATURE  12.  TITLE NAME STRE TADDRESS CITY-ST-ZIP TITLE NAME	m familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS D ROTHSTEIN, MARK L	agent and title if applicable. (NO AND DIRECTORS	TE: Registers  13 1.1 1.21 1.33 1.41 2.1 2.21	id Agent signature reconstructions.  TITLE  VAME  STREET ADORESS  CITY-ST-ZIP	quired when reinstaling) ADDITIONS/CHANGES TO O	FFICERS AND	Change	□ Addition	CD2E034 (11/08)
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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 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 changes, or of an attachment with an address, with all other like empowered.

SIGNATURE: