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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS CITY: \$1-20:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000027055 (8)

RADIOPAGE WIRELESS SERVICES, INC.

Principal Place of Business Mailing Address 2273 S UNIVERSITY DR 2273 S UNIVERSITY DR DAVIE FL 33324 DAVIE FL 33324-5825 3. Date Incorporated or Qualified 3a. Date of Last Report 03/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apl. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & Stale 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zφ Country Zιρ Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name ROTHSTEIN, MARK L 2273 S UNIVERSITY DR 82 Street Address (P.O. Box Number is Not Acceptable) **DAVIE FL 33324** 83 84 City 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 off-ce or registered agent, or 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. Familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. Signature: typed or printed name of registared agent and first if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE ROTHSTEIN, MARK L 1.2 NAME NAME 10741 NW 18TH DR 1.3 STREET ADDRESS STREET ADDRESS **PLANTATION FL 33324** CHY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE THILE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CHY-S1-7IP DELETE Change Addition 3.1 TITLE THILE 3.2 NAME MANE 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CHY-\$1-ZIP DELETE Addition 4.1 TITLE Change TIT, F 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - \$1 - ZIP 44 CITY-ST-ZIP DELETE Change Addition THUE 5.1 TITLE 52 NAME NAME **53 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-74 DELETE Change Addition 6.1 TITLE LILE 62 NAME

appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: \*\*\* Communication of the state of the state

6 3 STREET ADDRESS

6.4 CITY - ST - ZIP

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

14. I do increby 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