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C.A. O. FILES

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PREMIER PAGE II

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Mar 13 1997 8:00am

Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northing Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000030412 (6) 1. Corporation Name PREMIER PAGING, INC.			
Principal Place of Business 780 SOUTH OXIE HIGHWAY BOCA RATON FL 33432		Mailing Address 780 SOUTH OXIE HIGHWAY BOCA RATON FL 33432-6108	
2. Principal Place of Business 5319 North State Rd Suite, Apt. #, etc. TAMARAC, FL City & State 33319 Zip Broward County		3. Date Incorporated or Qualified 04/01/1996 4. FEI Number 65065 8143 5. Certificate of Status Desired ☐ \$0.75 Additional Fee Required 6. Election Campaign Financing True Fund Contribution ☐ \$5.00 May Be Added to Fees 7. This corporation has liability for insurance tax under s. 100.032, Florida Statutes ☐ Yes ☒ No	
8. Name and Address of Current Registered Agent BAUMEL, SUSAN K 780 SOUTH OXIE HIGHWAY BOCA RATON FL 33432		9. Name and Address of New Registered Agent 91 Name 92 Street Address (P.O. Box Number is Not Acceptable) 93 94 City FL 33319 Zip Code	
11. Pursuant to the provisions of Sections 807.0602 and 807.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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. I am familiar with, and accept the obligations of, Section 807.0505, Florida Statutes.			
SIGNATURE Signature used or printed name of registered agent and fee if applicable			
OFFICERS AND DIRECTORS		ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
12 TITLE D NAME LEVITT, ANN R STREET ADDRESS 2803 N.W. 13TH STREET CITY-ST-ZIP DELRAY BEACH FL 33445	☐ DELETE	13 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 5319 North State Road 7 TAMARAC, FL 33319	☐ Change ☐ Addition
TITLE D NAME LEVITT, EDDYTHE STREET ADDRESS 2803 N.W. 13TH STREET CITY-ST-ZIP DELRAY BEACH FL 33445	☐ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or as an addition with an address.

Ann R. Levitt 3/6/97

3/13/97