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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000036243 (9)

PAGEBUILDERS, INC.

Principal Place of Business

5851 8W 2ND COURT STE 12-205 MARGATE FL 33068

Mailing Address

5651 SW 2ND COURT STE 12-205

## FILED Mar 06 1998 8:00am Secretary of State



MARGATE FL 33068		MARGATE FL 33068		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
					04/25/1996		
2. Principal Pla		2a, Mailing Address	-15	_	4, FEI Number		Applied For
	V.E. 318 CT.	26 18161 N.E.	3/A C	<u> 7.                                    </u>	65-0667290		Not Applicable
Suite, Apt. # 22 # 20		Suite, Apt. #, etc. 27 # 20 7		·	6. Certificate of Status Desired		5 Additional Required
City & State  23 AVE/	NTURA FL	City & State  28 / VENTURA	F	7	Election Campaign Financing     Trust Fund Contribution	\$5.0 Add	00 May Be ed to Fees
Zip 24 33/6/	0 25 USA	70	Country 30	15H	B. This corporation owes or has paid the curl     Personal Property Tax due June 30.	rent year Yes	Intangible No
	g, Name and Address of Current	_ F			10. Name and Address of New Registered Agent		
HE	ELLER & BARNETT CORPORATE	SERVICES	81	Name			
12	14 NO UNIVERSITY DRIVE		82	Street	Address (P.O. Box Number is Not Acceptable)		
PL.	ANTATION FL 33322				,		
			83				
			84	City		85 Z	ip Code
11 Pursuant to	the provisions of Sections 607 (%02	and 607 1508 Horida Statutor	s the show	n-named	corneration submits this statement for the purpose of	changin	a ite renietered
office or re- agent. I are	gislered agent, or both, in the State of familiar with, and accept the oblight	f Florida. Such change was au ons of, Section 607.0505, Flor	uthorized by ida Statute	the corps.	corporation submits this statement for the purpose of noration's board of directors. I hereby accept the appropriate the state of the s	ointment	as registered
SIGNATURE _		and the second of the second o					
12.	Signature, typed or printed name of regulariest agent. OFFICERS AND			nt signature	required when reinstating) DATE	DIDECT	000 1140
TITLE	D	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND	Chang	
NAME	MANLEY, PATRICK		1.2 NAME		•	P POST ICE	po
STREET ADORESS	5651 SW 2ND COURT STE 1	2.205	1.3 \$TREE	ADDDECC	18181 NE 31 ST CT. #207		
CITY-ST-ZIP	MARGATE FL 33068	2-203			AVENTURA FL 33166		
TITLE	MANORIE IL 33000	DELETE	1.4 CITY-S 2.1 TITLE	1-212	HVENTUKH FL >>100	Chang	e Addition
NAME			2 2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2.4 City-:		• %		
TITLE		DELETE	3.1 TITLE	51 · £4r		Chang	e Addition
NAME			3.2 NAME	]			
STREET ADDRESS			3.3 STREET	AUUBEGG	•		
CITY-ST-ZIP			3.4. CITY-1				
TITLE		DELETE	4.1 TITLE	71-29		Chang	e Addition
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S				
TITLE	<del></del>	DELFTE	5.1 TITLE	1-24		☐ Chang	e 🔲 Addition
NAME		· · -	5.2 NAME				
STREET ADORESS			5.3 STREET	ADDRESS			
CITY-S1-ZIP			5.4 CITY-S				
TITLE		DELETE	61 TITLE	1-20		Chang	e Addition
NAME		Same Parent	6.2 NAME	,			
STREET ADDRESS			6.3 STREET	ADODECC			
CITY-ST-ZIP	white that the information conviled with	this files does not such!	64 CITY-S	1-ZIP	di- C1: 440 07/07/3 Flid- Bi 14-d-	314 . al4 .	N - 1-4

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 is run 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 changed, or on an attachment with an address.

SIGNATURE:

Patrick Manle

3/1/98

(305) 932-1959