

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

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000052453 (3)**

1. Corporation Name
PAIGE DYER, INC.



Principal Place of Business 6850 T.G. LEE BLVD. STE. 400 ORLANDO FL 32822	Mailing Address 5850 T.G. LEE BLVD. STE. 400 ORLANDO FL 32822-4409
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2. Principal Place of Business 21 1124 Pennsylvania Ave		2a. Mailing Address 26 1124 Pennsylvania Ave		3. Date Incorporated or Qualified 06/19/1996	3a. Date of Last Report
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3390880	Applied For Not Applicable
City & State 23 St. Cloud, FL		City & State 28 St. Cloud, FL		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 34769	Country 25 USA	Zip 29 34769	Country 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent FILDES, RICHARD J 215 NORTH EOLA DRIVE ORLANDO FL 32801		10. Name and Address of New Registered Agent 81 Name Paige Dyer 82 Street Address (P.O. Box Number is Not Acceptable) 1124 Pennsylvania Ave. 83 84 City St. Cloud FL 85 Zip Code 34769	
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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 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 607.0505, Florida Statutes.

SIGNATURE *Paige Dyer* **Paige Dyer** **4/17/97**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE Pres	<input type="checkbox"/> DELETE	1.1 TITLE Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Paige Dyer		1.2 NAME Paige Dyer	
STREET ADDRESS 1124 Pennsylvania Ave.		1.3 STREET ADDRESS 1124 Pennsylvania Ave	
CITY-ST-ZIP St. Cloud, FL 34769		1.4 CITY-ST-ZIP St. Cloud, FL 34769	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 changed, or in an attachment with an address.

SIGNATURE *Paige Dyer* **Paige Dyer** **4/17/97** (407) 957-3400

CR2E034 (9/96)