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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000059777 (8)

PAGERS TO GO, INC.

FILED May 08 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					J				
4232 DAVIE RD DAVIE FL 33314		4232 DAVIE RD DAVIE FL 33314-3434							
					3. Date Incorporated or Qualified 07/15/1996	3a. Date of Last Report			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		A	pplied For
21 813 1	N. STATE RD 7	26 3990 Sheeidan Street			eet l	65-0683464		N	lot Applicable
Suite, Apt.		Suite, Apt. #, etc. 27 Suite # 108				Certificate of Status Desired Section Section			
City & State City & State				· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing		\$5.00) May Be
3 How	WOOD FL	28 Hollywood FL				Trust Fund Contribution Added to Fees			
Zip 1	Country	Zip Country			_	8. This corporation has liability for intangible tax under s. 199.032,			
24 330		29 33021				Florida Statutes Yes No 10, Name and Address of New Registered Agent			
	9. Name and Address of Curren	t Registered Agent		81 Name		10. Name and Address of New R	egistered /	\gent	
	UCIA, CHRISTOPHER R			81 Name	ME	LODY R. LAVRICH	, E.A	•	
	16315 MALIBU DRIVE				Addres	ess (P.O. Box Number is Not Acceptable)			
FTL			599	10 SHERIDAN STREET - STE 108					
				83					
				84 City	Uni	4.44.50		85 Zip	Code 3()-2/
					-	WWWD	FL	1	
11. Pursuant t	to the provisions of Sections 607.050; egistered agent, or both, in the State	2 and 607.1508, Florida Statuti of Florida, Such change was a	es, the a authorize	bove-named d by the coro	corpor	ation submits this statement for the his board of directors. I hereby acce	purpose of	changing ointment a	its registered s registered
agent la	egistered agent, or both, in the State of 13 miles with, and accept the only a	tions of, Section 607.0505, Flo	rida Sta	lutes.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, a sound of an outside. The loay door		/_	. (og,
SIGNATURE.	V Delodistic	Xwrich		ELDDY	L.	LAVRICH Y	1.30/9	27	<u></u>
12.	Stgrature by the printed name of galants. OFFICERS AND		flegislere	d Agent signature	required	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CEDS AND	DIDECTO	DC (NI 12
THILE	D OFFICENS AND	DELETE	1.1 T	ITLE	P	C D	CENS AND	Change	
NAME	DELUCIA, CHRISTOPHER R	□ occur			•			M Olivingo	
				1,2 NAME 1,3 STREET ADDRESS					
STREET ADDRESS	FT LAUDERDALE FL 33326		1	1					
CITY-S1-ZIP TITLE	FI LAUDENDAGE FE 33320	DELETE	2.1 7	ITY-ST-ZIP				Change	Addition
NAME		LIII OLCCIC	2.2 N					- Change	
1				TREET ADDRESS					
STREET ADDRESS						w			
TITLE		DELETE	3.1 T	CITY-ST-ZIP			·····	Change	Addition
NAME		<u> </u>	321						
STREET ADDRESS			1	TREET ADDRESS					'
CITY-SI-ZIP			1	CITY-ST-ZIP					
TITLE		DELETE	4.1 T					Change	Addition
NAME		Bress Care		NAME					
STREET ADDRESS				TREET ADDRESS					
CITY-ST-7/P				ITY-ST-ZIP					
TITLE		DELETE	5.1 T	····				Change	☐ Addition
NAME		***	5.2 N	IAME .				•	
STREET ADORESS				TREET ADDRESS					
CITY-ST-ZIF				ITY+ST-ZIP					
Title		☐ DELETE	6.1 T					Change	Addition
NAME			6.2 N	ame					
STHEET ADDRESS			6.3 S	TREET ADDRESS					
CITY-ST-ZIP				HTY-ST-ZIP					
14. I do heret	by certify that the information supplied	d with this filing does not quali	fy for the	exemption st	tated in	Section 119.07(3)(i), Florida Statut	es. I further	certify the	it the
	on indicated on this annual report or si fficer or director of the corporation or								
appears in	n Block 12 or Block 13 if changed, or	on an attachment with an add	iress			/ /			-
CIONIAT	upr. /// -T./					4/22 /67	asu.	963-6	3277
SIGNAT		PRINTED NAME OF SIGNING OFFICER	OR DIREC	TOR		1/ 30 / 1 / Date	7,57	76d aytime Phone I	1000