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May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000059777 (8)

1. Corporation Name  
PAGERS TO GO, INC.



Principal Place of Business: 4232 DAVIE RD, DAVIE FL 33314  
Mailing Address: 4232 DAVIE RD, DAVIE FL 33314-3434

3. Date Incorporated or Qualified: 07/15/1996  
3a. Date of Last Report: [Blank]  
4. FEI Number: 65-0683464  
Applied For: Not Applicable  
5. Certificate of Status Desired: [ ] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: [ ] \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [ ] No

2. Principal Place of Business: 813 N. STATE RD 7, HOLLYWOOD FL 33021  
2a. Mailing Address: 3990 SHERIDAN STREET, HOLLYWOOD FL 33021  
21-24: City, State, Zip, Country for Principal Place of Business  
25-28: City, State, Zip, Country for Mailing Address

9. Name and Address of Current Registered Agent: DELUCIA, CHRISTOPHER R, 16315 MALIBU DRIVE, FT LAUDERDALE FL 33326  
10. Name and Address of New Registered Agent: MELDY R. LAVRICH, E.A., 3990 SHERIDAN STREET - STE 10B, HOLLYWOOD FL 33021

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: Melody R. Lavrich, MELDY R. LAVRICH, DATE: 4/30/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: DELUCIA, CHRISTOPHER R	1.1 TITLE: P C D	1.2 NAME: [Blank]
STREET ADDRESS: 16315 MALIBU DRIVE	CITY-ST-ZIP: FT LAUDERDALE FL 33326	1.3 STREET ADDRESS: [Blank]	1.4 CITY-ST-ZIP: [Blank]
TITLE: [Blank]	NAME: [Blank]	2.1 TITLE: [Blank]	2.2 NAME: [Blank]
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	2.3 STREET ADDRESS: [Blank]	2.4 CITY-ST-ZIP: [Blank]
TITLE: [Blank]	NAME: [Blank]	3.1 TITLE: [Blank]	3.2 NAME: [Blank]
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	3.3 STREET ADDRESS: [Blank]	3.4 CITY-ST-ZIP: [Blank]
TITLE: [Blank]	NAME: [Blank]	4.1 TITLE: [Blank]	4.2 NAME: [Blank]
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	4.3 STREET ADDRESS: [Blank]	4.4 CITY-ST-ZIP: [Blank]
TITLE: [Blank]	NAME: [Blank]	5.1 TITLE: [Blank]	5.2 NAME: [Blank]
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	5.3 STREET ADDRESS: [Blank]	5.4 CITY-ST-ZIP: [Blank]
TITLE: [Blank]	NAME: [Blank]	6.1 TITLE: [Blank]	6.2 NAME: [Blank]
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	6.3 STREET ADDRESS: [Blank]	6.4 CITY-ST-ZIP: [Blank]

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 on an attachment with an address

SIGNATURE: [Signature] REQUIRED, DATE: 4/30/97, DAYTIME PHONE: 954-962-9000

CR2E034 (9/96)