


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 09 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P96000069755 (2)</b>		
1. Corporation Name <b>ADVANCED PAGE SYSTEMS, INC.</b>		



Principal Place of Business <b>11595 KELLY RD FORT MYERS FL 33908 US</b>	Mailing Address <b>P.O. BOX 718 SANIBEL FL 33957 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 232 SW 32nd TERRACE</b>		2a. Mailing Address <b>26 232 SW 32 TERRACE</b>		3. Date Incorporated or Qualified <b>08/21/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0690549</b>	
City & State <b>23 CAPE CORAL FL</b>		City & State <b>28 CAPE CORAL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 33914</b>		Country <b>25 US</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>29 33914</b>		Country <b>30 US</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FINDLEY, DOUGLAS A 1821 LONG POINT LANE SANIBEL FL 33957</b>				10. Name and Address of New Registered Agent			
				81 Name <b>JOANN GRIFFITH</b>			
				82 Street Address (P.O. Box Number Is Not Acceptable) <b>232 SW 32nd TERRACE</b>			
				83			
				84 City <b>CAPE CORAL</b> FL 85 Zip Code <b>33914</b>			

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 *Joann Griffith* **8/17/98**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PT	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FINDLEY, DOUGLAS A			1.2 NAME	FRETWELL, ANDREW K		
STREET ADDRESS	1821 LONG POINT LANE			1.3 STREET ADDRESS	132A RUGBY RD		
CITY-ST-ZIP	SANIBEL ISLAND FL			1.4 CITY-ST-ZIP	CHARLOTTESVILLE VA 22903		
TITLE	VS	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FRETWELL, ANDREW K			2.2 NAME	JOANN GRIFFITH		
STREET ADDRESS	1329 RUGBY RD			2.3 STREET ADDRESS	232 SW 32nd TERRACE		
CITY-ST-ZIP	CHARLOTTESVILLE VA			2.4 CITY-ST-ZIP	CAPE CORAL FL 33914		
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 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 *Joann Griffith* **8/17/98** **804-926-2060**

CR2E034 (5/98)