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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000099778

BEEP ME, INC.

D. J. Bland of Business

Mailing Address

FILED Feb 12, 1999 8:00am Secretary of State

02-12-1999 90008 050 ***150.00



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14 S.E. 4RH ROAD Homestead Fl 33030		14 S.E. 4RH ROAD Homestead FL 33030			DO NOT WRITE IN	THIS SPACE	
					Date Incorporated or Qualifed 01/01/1997		
		2a. Mailing Address			4.)FEI Number		pplied For
2. Principal Pla ⊐	ace of Business	— ·			65-0723379	N	ot Applicable
1		Suite, Apt. #, etc.				\$8.75	Additional
_ Suite, Apt. #	f, etc.	_ ├ ─ ` ` `			5. Certifcate of Status Desired	Fee F	equired
2		27 State			6. Election Campaign Financing	\$5:00) May Be
City & State		City & State			Trust Fund Contribution		to Fees
3		28	Country		8. This corporation owes the current y	ear Intangible	•
_ Zip	Country	Zip			Personal Property Tax.	√Yes	□No
4	25	1	30		10. Name and Address of New Regis		
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. ((2.11)		
1.1000	COMP MICHELE	-	"				
	COMB, MICHELE E. 4TH ROAD		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
HOMESTEAD FL 33030			83		· · · · · · · · · · · · · · · · · · ·		
		•	84	City		FL 85 Zir	Code
							ts registered
11. Pursuant t	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	es, the above	e-named cor	poration submits this statement for the purpion's board of directors. I hereby accept the	pose of changing i e appointment as	registered
office or re agent. I an	egistered agent, or both, in the state in familiar with, and accept the obliq	gations of, Section 607.0505, Flor	ida Statutes.		poration submits this statement for the pur ion's board of directors. I hereby accept th	à	registered
office or re agent. I an	egistered agent, or both, in the State n familiar with, and accept the oblig Signature, typed or printed name of registered as	gations of, Section 607.0505, Flor gent and title if applicable. (NOTE:	ida Statutes Registered Agen		ed when reinstaling)	DATE	
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14. 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 hidicated 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, with all other like empowered.

SIGNATURE

M LOW THE REPORTED WANT OF SIGNING OFFICER OR DIRECTOR

Daytime Phor