

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

FILED

Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000056053 (6)**

1. Corporation Name

PAGETEK COMMUNICATIONS, INC.

Principal Place of Business

**3901 COUNTRY PLACE RD., SW
WINTER HAVEN FL 33880**

Mailing Address

**3901 COUNTRY PLACE RD., SW
WINTER HAVEN FL 33880**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/25/1997	
21 6550 N. ATLANTIC AVE	26 6550 N. ATLANTIC AVE	4. FEI Number 59-3456593		Applied For <input type="checkbox"/> Not Applicable	
22 STE D	27 STE D	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 CAPE CANAVERAL, FL	28 CAPE CANAVERAL, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 32920	25 BREVARD	29 32920	30 BREVARD	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
TOMLIN, ERIC R 3901 COUNTRY PLACE RD., SW WINTER HAVEN FL 33880				81 Name TOMLIN, ERIC R.	
				82 Street Address (P.O. Box Number is Not Acceptable) 5393 Holden Rd	
				83	
				84 City COCOA	85 Zip Code FL 32927

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 **ERIC R Tomlin CEO**

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMLIN, ROBERT L	1.2 NAME	
STREET ADDRESS	3901 COUNTRY PLACE RD., SW	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMLIN, HELEN L	2.2 NAME	SECRETARY Helen L. Tomlin
STREET ADDRESS	3901 COUNTRY PLACE RD., SW	2.3 STREET ADDRESS	5393 Holden Rd
CITY-ST-ZIP	WINTER HAVEN FL 33880	2.4 CITY-ST-ZIP	COCOA, FL 32927
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMLIN, NANCY J	3.2 NAME	
STREET ADDRESS	3901 COUNTRY PLACE RD., SW	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880	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: **Nancy Tomlin** **NANCY Tomlin** 4/20/98 407-784-1045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0415628

CR2E034 (10/97)