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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000081237**1. Corporation Name

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90162 007 ***150.00

INTERSTATE PAGING, INC.									
		A 4 191 A 4 1						8	- 1
Principal Place of Business Mailing Address									ł
6050 JOHNSON STREET 6050 JOHNSON STREET HOLLYWOOD FL 33024 HOLLYWOOD FL 33024									ì
HOLLIWOOD PL 33024 HOLLIWOOD PL 33024						DO NOT WRITE IN TO	HIS SPACE		
	•					3. Date Incorporated or Qualifed			
						09/18/1997			ļ
Principal Place of Business 2a. Mailing Address						4. FEI Number	A	pplied For	
21 26					65-0780013		ot Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	•	Additional		
22 27								equired	i
City & State City & State						6. Election Campaign Financing		May Be	
23 28			Country			Trust Fund Contribution		to Fees	
Zip Country Zip				untry		8. This corporation owes the current year		× la	
24 25 29 3 9. Name and Address of Current Registered Agent			30	т	<u> </u>	Personal Property Tax. Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Curren	it Kegistered Agent		81	Name	P. Haile and Address of New Register	ed Ageint ,		
WEN	IGROW, SYLVIA			\Box					
6050 JOHNSON STREET				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
HOLLYWOOD FL 33024				83					
{	,				_				
				84	City	-	L 85 Zip	Code	~
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida Such change was authorities.				above-	-named corpo			s registered i	
office or r	registered agent, or both, in the State im familiar with, and accept the obligation	of Florida: Such change wa	s authorize	d-by-t	he corporation	n's board of directors? I hereby accept the ap	pointinent as re		Ä
*	in familiar with, and accept the obliga	iions or, Section 607.0505,	rivilua Sta	iuies.		•			
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (N	OTE: Registere	d Agent	signature required	I when reinstating) DATE			a
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS			ğ
TITLE	D	☐ DELETE 1.1		1,1 TITLE			Change	Addition	Ė
NAME	WENGROW, SYLVIA		1.2 N	1.2 NAME				•	2
STREET ADDRESS	1		1,3 S	1.3 STREET ADDRESS					й
CITY-ST-ZIP	HOLLYWOOD FL 33024			1.4 CITY-ST-ZIP					ò
TITLE	S	The state of the s		2.1 TITLE			☐ Change	☐ Addition I	
NAME	WENGROW, STACY		2.2 N	2.2 NAME					
STREET ADDRESS			2.3 S	2.3 STREET ADDRESS		· •		į	
CITY-ST-ZIP	HOLLYWOOD FL 33026			2. 4 CITY-ST-ZIP		<u> </u>	[] (h-ac-	□ &ddisio=	
TITLE	T DELETE			3.1 TITLE		- Andrews Control of the Control of	Change	☐ Addition (
NAME	WENGROW, SCOTT 6050 JOHNSON ST			3.2 NAME		据院 人名英格兰			
STREET ADDRESS				3.3 STREET ADDRESS		,		{	
CITY-ST-ZIP	HOLLYWOOD FL 33026			CITY-ST	-ZIP		Change	⊼ Addition.	
TITLE	·		4.1 T	NAME		, **	· /	7.	ۍ غ
NAME .	.	f.,			1			' ')	٠.
STREET ADDRESS		Francisco			4000000	<u> </u>	₹	,	
CITY-ST-ZIP .	'	5.4,7 	4.3 \$	TREET	ADDRESS	* 1			
TITLE			4.3 S 4.4 C	TREET /		1 4. /	Change		
TITLE		☐ DELETE	4.3 S 4.4 C 5.1 T	TREET / CITY-ST- ITLE		, x, y	Change	. Addition	
NAME			4.3 S 4.4 C 5.1 T 5.2 N	TREET / CITY-ST- ITLE IAME	-ZIP		Change	Addition	
NAME STREET ADDRESS		DELETE	4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	TREET / CITY-ST- ITLE IAME TREET /	ADDRESS		1	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C	TREET / TILE TREET / TREET /	ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T	TREET / TILE TREET / TREET / TILE	ADDRESS		1	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N	TREET / TILE IAME TREET / TITLE ITTLE ITTLE	ADDRESS				;

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 12. The same is a 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 12. The same is a 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 12. The same is a 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. PLEASE