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

PROFIT COMPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## Feb 25, 1999 8:00 am Secretary of State 02-25-1999 90064 013 \*\*\*150.00

1. Corporation Name DISCOUNT CITY PAGING, INC.  Principal Place of Business 3737 LORETTO 80, #388 3738 ADDITIONAL PRINCIPLE PRIN
Principal Flace of Business 3737 LORETTO RD. #308 JACKSONVILE FL 32223  LACKSONVILE FL 3
Principal Place of Business   Mailing Address   3737 LORETTO RD #508   JACKSONVILLE FL 32223   DO NOT WRITE IN THIS SPACE
Principal Place of Business   Malling Address   3737 LORETTO RD #508   JACKSONVILLE FL 32223   DO NOT WRITE IN THIS SPACE
3737 LORETTO RD. #908 JACKSONVILLE FL 32223 JO NOT WRITE IN THIS SPACE  3. Delse incorporated or Qualified 11/04/1998  4. FET Window 11/04/1998 Applied For Not Applicable 121 26
JACKSONVILLE FL 32223    Do NOT WRITE IN THIS SPACE
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 11/04/1988 1/04/1988 2. Principal Place of Business 2. Applied For 11/04/1988 4. FEI Number 2. Principal Place of Business 2. Applied For 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Certificate of Status Desired 59. S. 75 Additional Foe Required Post 2. Programmed 2. Prog
2
2. Principal Place of Business   2a, Mailing Address   4, FEI Number   59 - 35   Not Applicable   Not Applic
Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 38 Suite, Apt. #, etc. 38 Suite, Apt. #, etc. 38 Suite, Apt. #, etc. 39 Suite, Apt. #, etc. 49
Suite, Apt. #, etc. 27  Suite, Apt. #, etc. 27  City & State 28  City & State 28  City & State 28  City & State 28  City & State 39  City & State 30  City & State 39  City & State 30  Since contribution 30  Since
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   S. Certificate of Status Desired   \$8.75 Additional Fee Required   City & State   S. Certificate of Status Desired   \$8.00 May Be Added to Fees   Additional Fee Required   Additional Fee Required   Status   State   S. Certificate of Status Desired   Status   State   S. Certificate of Status Desired   Status   State   S. Certificate of Status Desired   Status   State   State
City & State   City & State   City & State   City & State   28   City & State   City & State   28   Trust Fund Contribution   \$5.00 May By By Added to Fees
Trust Fund Contribution   Added to Fees
Zip
Personal Property Tax.   Yes   No    9. Name and Address of Curront Registered Agent   10. Name and Address of New Registered Agent    BROWN, OSCAR   3737 LORETTO RD. #908   JACKSONVILLE FL 32223   82   Steel Address   (P.g. Bo-Number is Net Acceptable)    11. Pursuant to the provisions of Sections 607 (5002 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, any immiliar with, and accept the obligations of Section 607.0505, Florida Statutes. Signature. Well or printed lawre of part and time? applications of Section 607.0505, Florida Statutes. Signature. Well or printed lawre of part and time? applications of Section 607.0505, Florida Statutes. Signature. Well or printed lawre of part and time? applications of Section 607.0505, Florida Statutes. Signature. Well or printed lawre of part and time? applications of Section 607.0505, Florida Statutes. Signature. Well or printed lawre of part and time? applications of Section 607.0505, Florida Statutes. Signature. New Signatur
9, Name and Address of Current Registered Agent  10, Name and Address of New Registered Agent  11, Name and Address of New Registered Agent  12, OFFICERS AND DIRECTORS  13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14, Street Address  15, Name and Address of New Registered Agent  16, Name and Address of New Registered Agent  17, Name and Address of New Registered Agent  18, Street Address  19, Name and Address of New Registered Agent  10, Name and Address of New Registered Agent  11, Name and Address of New Registered Agent  12, Street Address  13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14, Street Address  15, Name and Address of New Registered Agent  16, Name and Address of New Registered Agent  17, Name and Address of New Registered Agent  18, Street Address  18, Street Address  18, Street Address  10, December 10, Both of 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 agent, and agent, and and corporation agent, and agent, and and corporation agent, and agent, and and address of New Registered Agent agent, and address of New Registered Agent a
BROWN, OSCAR 3737 LORETTO RD.,#908 JACKSONVILLE FL 32223  84 City Sack Address (P.O. Boulumber is Not Acceptable)  85 Superior 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, 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 arm/tamiliar with, and accept the obligations of section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS 1 Superiors, hyds or puriod some of governed governed with a reministrating OATE  12. OFFICERS AND DIRECTORS 1 DELETE 1 1.11TILE 1 DPS 1 STREET ADDRESS 2 STREET ADDRESS 2 STREET ADDRESS 3737 LORETTO RD.,#908 1 3.5TREET ADDRESS 3737 LORETTO RD.,#908 2 2 NAME  1 ACKSONVILLE FL 32223 1 ACKSONVILLE FL 32223 1 ACKSONVILLE FL 32223 2 ACKSONVILLE FL 32223 3 STREET ADDRESS 3 337 LORETTO RD.,#908 3 33 STREET ADDRESS 3 34 STREET ADDRESS 3 34 STREET ADDRESS 3 35 STREET
3/37 LORETTO RD. #908  JACKSONVILLE FL 32223  84 City Sacksonville FL 85 Zip Code 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, and packet the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  Signature Open Addition  12. OFFICERS AND DIRECTORS  OAF  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  OAF  14. City Sackson ville Fl 20223  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 12 NAME  BROWN, OSCAR  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 12 NAME  16. The part agreet agreety agre
3/37 LORETTO RD. #908  JACKSONVILLE FL 32223  84 City Sacksonville FL 85 Zip Code 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, and packet the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  Signature Open Addition  12. OFFICERS AND DIRECTORS  OAF  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  OAF  14. City Sackson ville Fl 20223  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 12 NAME  BROWN, OSCAR  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 12 NAME  16. The part agreet agreety agre
JACKSONVILLE FL 32223  83  84 City Sacksonville FL 85 Zip Code 32008  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 agent. I am remiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, Wight or printed name of registered agent and side if applicable (NOTE: Registered Agent signature, required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  BROWN, OSCAR  STREET ADDRESS  37.37 LORETTO RD.,#908  13. STREET ADDRESS  37.37 LORETTO RD.,#908  14. CITY-ST-ZIP  JACKSONVILLE FL 32223  14. CITY-ST-ZIP  JACKSONVILLE FL 32223  DELETE  1.1 TITLE  DELETE  2.1 TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  Change Addition  Addition  CITY-ST-ZIP  JACKSONVILLE FL 32223  DELETE  3.1 TITLE  Addition  CITY-ST-ZIP  JACKSONVILLE FL 32223  DELETE  3.1 TITLE  Addition  CHANGE  Addition  CHANGE  Addition  Addition  Addition  AMME  ANAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  CITY-ST-ZIP  Addition  Addition  Addition  ANAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN
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agent. I am/frimiliar with, and accept the obligations of, section 607-050s, Florida Statuties.  SIGNATURE  Signature. Type of printed name of registered begins and sittle if applicable in (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  DELETE  1.1 TITLE  DPS  NAME  BROWN, OSCAR  STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL 32223  TITLE  DROWN, OSCAR  BROWN, OSCAR  1.3 STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL 32223  1.4 CITY-ST-ZIP  JACKSONVILLE FL 32223  DELETE  2.1 TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  Addition  Addition  AME  STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL 32223  CITY-ST-ZIP  JACKSONVILLE FL 32223  DELETE  3.1 TITLE  Addition  Addition  AME  STREET ADDRESS  CITY-ST-ZIP  DELETE  3.1 TITLE  Addition  Addition  Addition  AME  STREET ADDRESS  CITY-ST-ZIP  DELETE  3.1 TITLE  Addition  Addition  Addition  AME  STREET ADDRESS  CITY-ST-ZIP  DELETE  3.1 TITLE  Addition  Addition  Addition  AME  STREET ADDRESS  CITY-ST-ZIP  DELETE  4.1 TITLE  Addition  Addition  Addition  AME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  Addition  Addition  Addition  Addition  AME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  Addition  Addition  Addition  Addition  AME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADI
Signature, by Store printed name of postered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)   DATE
Signature, by Store printed name of postered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)   DATE
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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, with all other like empowered.

SIGNATURE: