

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V31915

(4)

1. Corporation Name

RUSSIAN PAGING INC.

Principal Place of Business

6577 143RD STREET NORTH  
PALM BEACH GARDENS FL 33418-7291

Mailing Address

6577 143RD STREET NORTH  
PALM BEACH GARDENS FL 33418-7291

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1992

3a. Date of Last Report

10/03/1996

4. FEI Number

65-0396744

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

CANADAY, JON L  
6577 143RD N  
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CANADAX, JON L  
STREET ADDRESS 6577 143RD ST. N.  
CITY-ST-ZIP PALM BCH. GARDENS FL 33418

TITLE VD ☐ DELETE

NAME BARKPR, TOM  
STREET ADDRESS 6577 143RD ST. N.  
CITY-ST-ZIP PALM BCH. GARDENS FL 33418

TITLE PD ☐ DELETE

NAME KLEAGER, GRIGORI A  
STREET ADDRESS D. BEDNOGO ST. 24  
CITY-ST-ZIP MOSCOW R 12330-8/

TITLE VD ☐ DELETE

NAME ROZENBLAT, MICHAIL  
STREET ADDRESS D. BEDNOGO ST. 24  
CITY-ST-ZIP MOSCOW R 12330-8

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

500002324489-0  
-10/20/97-01122-001  
\*\*\*1100.00 \*\*\*\*\*550.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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

Jon L Canaday 04/24/97 22579217

FILED

97 OCT 14 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (4/97)