FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name V43765

(9)

BEEPER TRONICS, INC.

Principal Place of Business Mailing Address						"			2)) 0)0))
7908 MW 103RD ST. HIALEAH GARDENS FL 33016 US			7908 NW 103RD ST. HIALEAH GARDENS FL 33016 US			Date Incorporated or Qualified	3a. Date	of Last F	Report
						06/16/1992)1/25/1	
2. Principal Pla	ace of Business	2a. Mailing Address	Mailing Address			4. FEI Number			Applied For
21		26				65-0343718			Not Applicable
Suite, Apt #, etc. 27		Suite, Apt. #, etc	Suite, Apt. #, etc		5. Certificate of Status Desired			5 Additional Required	
City & State		City & State	City & State		6. Election Campaign Financing			00 May Be	
23	28			ntry		Trust Fund Contribution 8. This corporation has liability for its properties of the second s			ed to Fees
Ζιρ 24	Country 25	Ζιρ [29]	30	ii iki y			Mangole ta	A CHICEL S	199.002,
24	g. Name and Address of Curi			r	·	10. Name and Address of New R		gent	
				81	Name				
HUIE, KENNETH G.			h. 1 m > 5-5		Street Addre	ess (P.O. Box Number is Not Acceptable)			
	NW 80TH AVE 1101 AH GARDENS FL 33016	J968 NM 103	» Ι.	83					
FINALL	AIT CARDENO PE 00010			84	Orty			85 Z	ip Code
						A. J.	<u> </u>	noine ita	resistance office
or register	to the provisions of Sections 607.0s red agent, or both, in the State of F ith, and accept the obligations of, S	lorida. Such change was author	ized by the o	ove-r opop	named corpora ioration's board	ation submits this statement for the pu d of directors. I hereby accept the app	ointment as	registere	d agent. I am
SIGNATURE				. , .			L:ATE		
40	Signative typed or printed name of registered a	AND DIRECTORS	13.	: Agy:r	nt signature required:	ADDITIONS/CHANGES TO OFF		DIRECT	ORS IN 12
12.	D			T"LF				Change	
NAME		000 8)8 NW 103 87.						
STREET ADDRESS	9807 NW 80TH AVE 11-	- 7908 NW 10301			ADDRESS	ESS			
CITY - ST - ZIP	HIALEAH GARDENS FL		1401113		ST-ZIP				
THILE		DELETE					L	Change	Addition
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS						
CITY - ST - ZIP		☐ DELETE	2.4 City - ST - Zift 3.1 Title		ST-ZIF			7 Change	Addition
TITLE			3 2 NAME						
NAME STREET ADDRESS					.1 ADDRESS				
CITY-ST-ZIP			l l		ST-712				
TITLE				4 1 TITLE			[Change	Addition
NAME		_	421	AME					
STREET ADDRESS			435	TREE	T ADDRESS				
CITY-ST-ZIP			440) [Y - !	ST - ZIF				
THLE	DELETE			5 1 TITLE				Change	Addition
NAME			52 N	IAME					
STREET ADDRESS			538	STREE	T ADDRESS				
CITY-ST-ZIP			540	<u>)11</u> Y - :	ST - 71P				
TITLE		☐ DELETE	DELETE 6 1 THE					Change	e 🔲 Addition
NAME			621	AME					
STREET ADDRESS			633	STREE	LADDRESS				
CITY-ST-ZIP			640	DTY-	ST-ZIP	or the expension stated in Section 119			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 charged for on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-96

305-822.08/8