

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V59826** (0)

1. Corporation Name

BEEPER EXCHANGE, INC.



Principal Place of Business

**924 NORTH FEDERAL HIGHWAY
HOLLYWOOD FL 33020**

Mailing Address

**924 NORTH FEDERAL HIGHWAY
HOLLYWOOD FL 33020**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/24/1992

3a. Date of Last Report

03/16/1995

4. FEI Number

65-0356147

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**MICHAELSON, JANET
3414 WATER OAKS DRIVE
HOLLYWOOD FL 33021**

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

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	MICHAELSON, JANET	
STREET ADDRESS	3414 WEST OAKS DRIVE	
CITY-STATE-ZIP	HOLLYWOOD FL	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Robert Michaelson	
STREET ADDRESS	924 N. Federal Hwy.	
CITY-STATE-ZIP	Hollywood, Fl.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Ernest Michaelson	
STREET ADDRESS	3414 Water Oaks Dr.	
CITY-STATE-ZIP	Hollywood, Fl.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
1.2 NAME	Michaelson, Janet	
1.3 STREET ADDRESS	3414 Water Oaks Dr.	
1.4 CITY-STATE-ZIP	Hollywood, FL 33021	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michaelson, Robert	
2.3 STREET ADDRESS	924 N. Federal Highway	
2.4 CITY-STATE-ZIP	Hollywood, FL 33020	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Michaelson, Ernest	
3.3 STREET ADDRESS	3414 Water Oaks Dr.	
3.4 CITY-STATE-ZIP	Hollywood, FL 33021	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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 changed, or on an attachment with an address.

SIGNATURE:

Janet Michaelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/96
DATE

954-921-6663
Daytime Phone #

CR2E034 (12/95)