

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

FILED
Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P39792 (7)

1. Corporation Name
PAGE MART, INC.



Principal Place of Business 6688 N. CENTRAL EXP SUITE 800 DALLAS TX 75206	Mailing Address 6688 N. CENTRAL EXP SUITE 800 DALLAS TX 75206-3938
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3. Date Incorporated or Qualified 07/27/1992	3a. Date of Last Report 03/04/1996
4. FEI Number 75-2283921	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYES ST
 STE 105
 TALLAHASSEE FL 32301**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	CPCE	<input type="checkbox"/> DELETE
NAME	BELETIC, JOHN	
STREET ADDRESS	6688 N. CENTRAL EXPRESSWAY, SUITE 800	
CITY-ST-ZIP	DALLAS TX 75206	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	HILTON, KENNETH	
STREET ADDRESS	6688 N. CENTRAL EXPRESSWAY, SUITE 800	
CITY-ST-ZIP	DALLAS TX 75206	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WECSLER, LAWRENCE	
STREET ADDRESS	6688 N. CENTRAL EXPRESSWAY, SUITE 800	
CITY-ST-ZIP	DALLAS TX 75206	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NELSON, RICHARD	
STREET ADDRESS	6688 N. CENTRAL EXPRESSWAY, SUITE 800	
CITY-ST-ZIP	DALLAS TX 75206	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NEAL, SANDRA	
STREET ADDRESS	6688 N. CENTRAL EXPRESSWAY, SUITE 800	
CITY-ST-ZIP	DALLAS TX 75206	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOPKINS, FRANCES	
STREET ADDRESS	6688 N. CENTRAL EXPRESSWAY, SUITE 800	
CITY-ST-ZIP	DALLAS TX 75206	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VP/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Clay Myers	
1.3 STREET ADDRESS	6688 N Central Exp Suite 800	
1.4 CITY-ST-ZIP	Dallas TX 75206	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:  **Clay Myers VP** /15/97 (214) 750-5809

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)