

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V21260** (7)
1. Corporation Name
PAGE INTERNATIONAL, INC.

Principal Place of Business
**14290 WALSINGHAM ROAD
SUITE B
LARGO FL 34644**

Mailing Address
**14290 WALSINGHAM ROAD
SUITE B
LARGO FL 34644**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/13/1992

3a. Date of Last Report
05/01/1994

4. FEI Number
59-3123138

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

2. Principal Place of Business

21. 19535 GULF BOULEVARD
Suite, Apt. #, etc.
22. SUITE B
City & State
23. INDIAN SHORES FL
Zip
24. 34635

2a. Mailing Address

26. 19535 Gulf Boulevard
Suite, Apt. #, etc.
27. Suite B
City & State
28. Indian Shores FL
Zip
29. 34635

Country
25. PINELLAS
30. Pinellas

9. Name and Address of Current Registered Agent

**PAGE, EVELYNB
14290 WALSINGHAM RD.
SUITE B
LARGO FL 34644**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
19535 GULF BOULEVARD
83. **SUITE B**
84. City **INDIAN SHORES** FL 85. Zip Code **34635**

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 *Evelyn Page* **EVELYN PAGE** **4-20-95**
(NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

| | |
|-----------------|------------------------------|
| TITLE | PD |
| NAME | PAGE, EVELYN V. |
| STREET ADDRESS | 14290 WALSINGHAM ROAD |
| CITY - ST - ZIP | LARGO FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 19535 GULF BLVD STE B |
| 1.4 CITY - ST - ZIP | INDIAN SHORES FL 34635 |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: *Evelyn Page* **EVELYN PAGE** **4-20-95** (213) 315-0311
(Type Name and Typed or Printed Name of Signing Officer or Director) (Date) (Signature Page 4)