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FILED  
Mar 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F97000006878 (9)

1. Corporation Name

APPLIED CELLULAR TECHNOLOGY, INC.

Principal Place of Business

HWY 160 AND CC. #5  
NIXA MO 65714

Mailing Address

HWY 160 AND CC. #5  
NIXA MO 65714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1997

4. FEI Number

43-1641533

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

2. Principal Place of Business

2a. Mailing Address

26 PO Box 2067

27 Suite, Apt. #, etc.

28 City & State  
Nixa, MO

29 Zip  
65714

30 Country

25 Country

9. Name and Address of Current Registered Agent

SILVERMAN, SCOTT  
400 ROYAL PALM WAY, #410  
PALM BEACH FL 33480

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 ☐ DELETE

NAME PD  
STREET ADDRESS SULLIVAN, GARRETT A  
CITY-ST-ZIP 29 CONCORD AVE., #315  
CAMBRIDGE MA 02138

TITLE ☐ DELETE

NAME VT  
STREET ADDRESS LOPPERT, DAVID A  
CITY-ST-ZIP 1 CLERBROOK LANE  
ST. LOUIS MO 63124

TITLE ☐ DELETE

NAME SDCE  
STREET ADDRESS SULLIVAN, RICHARD J  
CITY-ST-ZIP 19 NATHANIEL DR.  
AMHERST NH 03031

TITLE ☐ DELETE

NAME D  
STREET ADDRESS SULLIVAN, ANGELA  
CITY-ST-ZIP 19 NATHANIEL DR.  
AMHERST NH 03031

TITLE ☐ DELETE

NAME D  
STREET ADDRESS PENNI, DANIEL E  
CITY-ST-ZIP 190 MARLBOROUGH ST.  
BOSTON MA 02116

TITLE ☐ DELETE

NAME D  
STREET ADDRESS NOTERMAN, ARTHUR F  
CITY-ST-ZIP 5 OCEAN VIEW DR.  
HINGHAM MA 02043

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

Garrett A Sullivan

3-6-98

561-630-7900

CR2E034 (10/97)