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Secretary of State

03-30-1999 90033 047 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F97000006878**
 1. Corporation Name
APPLIED CELLULAR TECHNOLOGY, INC.



Principal Place of Business: HWY 180 AND CC. #5 NIXA MO 65714
 Mailing Address: P.O. BOX 2067 NIXA MO 65714 US

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
12/29/1997

2. Principal Place of Business: 21 **400 Royal Palm Way**
 Suite, Apt. #, etc.: 22 **Suite 410**
 City & State: 23 **Palm Beach, FL**
 Zip: 24 **33480**
 2a. Mailing Address: 26 **400 Royal Palm Way**
 Suite, Apt. #, etc.: 27 **Suite 410**
 City & State: 28 **Palm Beach, FL**
 Zip: 29 **33480** 30 **Palm Beach**

4. FEI Number: **43-1641533** Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SULLIVAN, GARRETT A | 1.2 NAME | Garrett A. Sullivan |
| STREET ADDRESS | 29 CONCORD AVE., #315 | 1.3 STREET ADDRESS | 27 Bermuda Lakes Drive |
| CITY-ST-ZIP | CAMBRIDGE MA 02138 | 1.4 CITY-ST-ZIP | Palm Beach Gardens, FL 33480 |
| TITLE | VT <input type="checkbox"/> DELETE | 2.1 TITLE | VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOPPERT, DAVID A | 2.2 NAME | David A. Loppert |
| STREET ADDRESS | 1 CLERBROOK LANE | 2.3 STREET ADDRESS | 107 Pembroke |
| CITY-ST-ZIP | ST. LOUIS MO 63124 | 2.4 CITY-ST-ZIP | Palm Beach Gardens, FL 33480 |
| TITLE | SDCE <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SULLIVAN, RICHARD J | 3.2 NAME | Scott R. Silverman |
| STREET ADDRESS | 19 NATHANIEL DR. | 3.3 STREET ADDRESS | 955 Gardenra Dr. |
| CITY-ST-ZIP | AMHERST NH 03031 | 3.4 CITY-ST-ZIP | Delray Beach, FL 33483 |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SULLIVAN, ANGELA | 4.2 NAME | Andrew Hidalgo |
| STREET ADDRESS | 19 NATHANIEL DR. | 4.3 STREET ADDRESS | 608 Perimeter Dr. |
| CITY-ST-ZIP | AMHERST NH 03031 | 4.4 CITY-ST-ZIP | Downington, PA 19335 |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PENNI, DANIEL E | 5.2 NAME | Tabitha Zane |
| STREET ADDRESS | 190 MARLBOROUGH ST. | 5.3 STREET ADDRESS | 1522 Worthington Place |
| CITY-ST-ZIP | BOSTON MA 02116 | 5.4 CITY-ST-ZIP | Greensboro, NC 27410 |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | NOTERMAN, ARTHUR F | 6.2 NAME | Gary A. Gray |
| STREET ADDRESS | 5 OCEAN VIEW DR. | 6.3 STREET ADDRESS | 718 E. Gaslight |
| CITY-ST-ZIP | HINGHAM MA 02043 | 6.4 CITY-ST-ZIP | Springfield, MO 65810 |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED
 3-25-99 561-366-4800
 Date Daytime Phone #

CR2E034 (11/98)