## 2-/2-91 B-/136 C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L93163

(8)

CELLULAR PLUS COMMUNICATIONS INC.

FILED Feb 12 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address  Oct 11 AND PURE AUE					HE SOURCE AND THE STATE OF THE			44 <b>3   3   1   1   1   1  </b>	
3351 N ANDREWS AVE FORT LAUDERDALE FL 33309 US		3351 N ANDREWS AVE FORT LAUDERDALE FL US	FORT LAUDERDALE FL 33309-6057						
						3. Date incorporated or Qualified 08/07/1990		Pate of Last F 2/23/1996	Report
2. Principal	Place of Business	2a. Mailing Address	h-m-1			4. FEI Number 65-0238200	200 Applied For Not Applicate		
Suite, Api	t #, etc	Suite, Apt. #, etc.	<sub>1</sub>			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Cily & Sta 23	ate	City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zιρ	Cou	intry		8. This corporation has liability for			в. 199.032,
24	25	29	30				T	□ No	
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Ro	glatered	Agent	
	ark richard s.			81	Name				
32 DE				Street Addres	ss (P.O. Box Number is Not Accepta	ble)	***************************************		
				83				***************************************	
					City		FL	<b>- 1</b>	Code
11. Pursuan office or agent. I	I to the provisions of Sections 607.0 registered agent, or both, in the Str am familiar with, and accept the ob	1502 and 607.1508, Florida Stat ate of Florida. Such change wa- ligations of, Section 607.0505,	tutes, the al s authorized Florida Stat	bove- d by lutes.	-named corpo the corporatio	ration submits this statement for the n's board of directors. I hereby acce	purpose o	of ohanging pointment as	its registered s registered
SIGNATURE	Signal no Typed or profed name of registered	agent and title it applicable. (N	OTE Registeres	nepA t	I signature required	(when reinstaling)	DATE	<del></del>	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	ERS AN	D DIRECTO	RS IN 12
THE	D	☐ DELETE	1.1 10	TLE	***********			☐ Change	Addition
NAME	PARK, RICHARD S.		1.2 N/	AME					
STREET ADDRESS	3210 S.W. 1ST STREET		1.3 S1	REET A	UDDRESS .				
City-St-ZIP	DEERFIELD BEACH FL		1.4 CI	TY-ST	- ZIP				
THLE	*	DELETE	2.1 TI					Change	Addition
NAME			2.2 NA	AME					
STREET ADDRESS			2.3 \$1	REET A	DDRESS				
City-St-ZiP			2.4C	ITY-ST	- ZIP	9.			
TITLE		☐ DELETE	3.1 Tr	TLE.				Change	Addition
NAME			3.2 NA	AME				•	
STREET ADDRESS	s		3.3 \$1	FREET A	ADDRESS				
CHY-ST-ZIP			3.4. C	ITY-ST	- <b>Z</b> IP				
TITLE	The state of the s	☐ DELETE	4.1 Ti	TLE				Change	Addition
NAME			4. 2 N	AME					
STREET ADDRESS	3		4.3 \$1	FREET A	ADDRESS	•			
City-St-7iP			4.4 CI	TY-ST	· ZIP				
TITLE	VIII 1000	☐ DELETE	5.1 Ti	TLE				Change	Addition
NAME			5.2 N/	AME					
STREET ADDRESS	5		5.3 \$1	FREET A	NODRESS				
CHY-ST-ZIP			5.4 Ct	ty-st	- ZIP				
TITLE		☐ DELETE	6.1 TI	TLE				Change	Addition
NAME			6.2 N/	AME					
STREET ADDRESS			63 S1	TREET A	ADDRESS				ļ
CITY-SY-ZIP			6.4 C	TY-SI	- ZIP				

4. 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:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/6/9

954-565-1240