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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 710232 (0)

1. Corporation Name
FLORIDA MOBILE COMMUNICATIONS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**1915 N DALE MABRY HWY
STE 100
TAMPA FL 33607
US**

3. Date Incorporated or Qualified **01/21/1965** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-6205410** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**DONAHUE, JEFFREY W.
1915 N DALE MABRY HWY
TAMPA FL 33607**

10. Name and Address of New Registered Agent
81 Name **Tom Pick**
82 Street Address (P.O. Box Number is Not Acceptable) **6767 N WICKHAM RD**
83 **#400HH**
84 City **Melbourne** FL 85 Zip Code **32940**

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 **Tom W Pick** DATE **4/20/95**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering))

12. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	FRAWLEY, MIKE
STREET ADDRESS	6043 NW 187 STREET
CITY-ST-ZIP	MIAMI FL
TITLE	S
NAME	DONAHUE, JEFFREY
STREET ADDRESS	4164 SALTWATER BLVD.
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	WETMORE, SCOTT
STREET ADDRESS	5121 ERHLICH RD.,
CITY-ST-ZIP	TAMPA FL
TITLE	T
NAME	DIAZ-LOPEZ, CONNIE
STREET ADDRESS	3838 W. FLAGLER ST.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	WILLIAMS, KEN
STREET ADDRESS	1215 W. THARPE
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	P
NAME	NEUFELD, PETER
STREET ADDRESS	6401 CONGRESS AVE.
CITY-ST-ZIP	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tom Pick
1.3 STREET ADDRESS	6767 N WICKHAM RD #400HH
1.4 CITY-ST-ZIP	Melbourne, FL 32940
2.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Frank Rayberg
2.3 STREET ADDRESS	501 N Federal Hwy
2.4 CITY-ST-ZIP	F. Lauderdale, FL 33301
3.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jeffrey Donahue
3.3 STREET ADDRESS	4164 Saltwater Blvd
3.4 CITY-ST-ZIP	TAMPA FL
4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Bill Cabrera
4.3 STREET ADDRESS	3842 W 16 Ave
4.4 CITY-ST-ZIP	Hialeah FL 33012
5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Bob Ingram
5.3 STREET ADDRESS	283 N Northlake Blvd.
5.4 CITY-ST-ZIP	Altamonte Springs FL 32710
6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Peter Neufeld
6.3 STREET ADDRESS	55 NE 1st st
6.4 CITY-ST-ZIP	Miami FL 33132

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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Bill Cabrera** DATE: **3/17/95** **305.556.8438**
(Signature and typed or printed name of officer or director)