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 # F00364

(2)

CENTRA	AL FLORIDA MOBILE COMA	AUNICATIONS, INC.				
Principal Placi	e of Business	Mailing Address			4 andreits felt dates ühlest ause aufer fe	AN ANDIN DEBIN MINIS MEDIN DINDE NEGET KONI
203 PARK LAK ORLANDO FL 3	203 PARK LAKE ST. ORLANDO FL 32803-3823					
					3. Date Incorporated or Qualified	3a. Date of Last Report
					10/03/1980	04/30/1996
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2060862	Not Applicable
·		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22 27					Fee Required	
City & State	е	City & State			6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	Country	28	Country		Trust Fund Contribution	
<i>Z</i> p □	Country	Zip	Country		8. This corporation has liability for	or intangible tax under s. 199.032, Yes No
24	25 9. Name and Address of Currer		30		Florida Statutes 10. Name and Address of New F	
DOM			81	Name		
POWELL, LINDA C					· · · · · · · · · · · · · · · · · · ·	
4964 S. ORANGE AVE. ORLANDO FL 32808			82	Street A	oddress (P.O. Box Number is Not Accept	able)
UKL	ANDU FL 32806		83	<u> </u>		
					<u> </u>	
			84	City		FL 85 Zip Code
office or a agent. La SIGNATURI	to the provisions of Sections 607 down registered agent, or both, in the State orn familiar with, and accept the oblig Signs at agree timed have directioned by				corporation submits this statement for the oration's board of directors. I hereby acc	purpose of changing its registered
12.		ND DIRECTORS	13.	a to organization of		ICERS AND DIRECTORS IN 12
TILLE	VSD	DELETE	11 TITLE	T		Change Addition
NAME	POWELL, LINDA C		1.2 NAME			
STREET ADDRESS	4964 S. ORANGE AVE.		1.3 STREET	ADDRESS		
CITY-SI-ZIP	ORLANDO FL 32806		1.4 CITY - S		•	
TIFLE	D	DELETE	2.1 TITLE			Change Addition
NAME	CLOUGHLEY, JIM		2.2 NAME			_
STREET ADDRESS	490 45TH COURT		2.3 STREET	LADDRESS		
City-S1-ZiP	VERO BEACH FL 32968		2. 4 CITY-			_
1114	P	DELETE	31 TITLE	01-211		Change
NAME	LOINDBLOM, GRACE C		3 2 NAME		LINDBLOM, GRAC 32804	Ec. 1
STREET ADORESS	1000 LAKE ADAIR		3.3 STREET	ADDRESS	Into b Date.	
City-St-7iP	ORLADNO FL		3.4 CiTY-	ST-21P	32804	
Trile		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			L	T ADORESS		
City - St - ZiP			4.4 CITY-5			
TILLE		DELETE	5 1 TITLE			Change Addition
NAME			52 NAME			
STREET ADDRESS			53 STREET	T ADDRESS		
CHTY-ST-7P			5 4 CITY - S			
THE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS				T ADDRESS		

14. 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 Aurporation 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 12 in changed, or on an attachment with an address.

6.4 CITY - ST - ZIP

CITY-S1-7IP

FILED

Feb 24 1997 8:00am

Secretary of State