

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90162 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT **1999**



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

DOCUMENT # F00364

1. Corporation Name
CENTRAL FLORIDA MOBILE COMMUNICATIONS, INC.



Principal Place of Business Mailing Address
203 PARK LAKE ST. ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|---------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date incorporated or Qualified | |
| 21 | | 26 | | 10/03/1980 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-2060862 | |
| City & State | | City & State | | Applied For | |
| 23 | | 28 | | No: Applicable | |
| Zip Country | | Zip Country | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| 24 | | 29 | | 30 | |
| 25 | | 30 | | 8.75 Additional Fee Required | |
| 29 | | 30 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | |
| 30 | | 30 | | 5.00 May Be Added to Fees | |
| 30 | | 30 | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

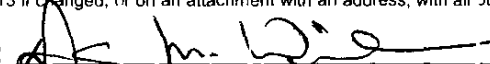
| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| POWELL, LINDA C 4964 S. ORANGE AVE. ORLANDO FL 32806 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | VSD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POWELL, LINDA C | 1.2 NAME | |
| STREET ADDRESS | 4964 S. ORANGE AVE. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32806 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLOUGHLEY, JIM | 2.2 NAME | |
| STREET ADDRESS | 490 45TH COURT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | VERO BEACH FL 32968 | 2.4 CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 3.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LINDBLOM, GRACE C | 3.2 NAME | |
| STREET ADDRESS | 1000 LAKE ADAIR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | Jay M. Wilson |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 3026 Chris Lane |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Orlando, FL 32806 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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(2)(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 307, 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:  Jay M. Wilson 4/22/99 (407) 855-6475

DATE: _____ DAYTIME PHONE #: _____

32926800

CR2E034 (1/198)