

FILE NOW: FILING FEE AFTER MAY 1-IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # F94000001712 (8)

1. Corporation Name

INDEPENDENT CELLULAR NETWORK, INC.



Principal Place of Business

2100 ELECTRONICS LANE
SUITE 2000
FORT MYERS FL 33912
US

Mailing Address

2100 ELECTRONICS LANE
SUITE 2000
FORT MYERS FL 33912
US

3. Date Incorporated or Qualified
04/05/1994

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

Country

28
Zip

Country

24

25

29

30

4. FEI Number

36-3520132

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA CELLULAR RSA LIMITED PARTNERSHIP
2100 ELECTRONICS LANE
FT MYERS FL 33912

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

Signature, typed or printed name of registered agent and blank if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	GOODMAN, CHARLES H	<input type="checkbox"/> DELETE
NAME		222 N. LASALLE ST., #2000	
STREET ADDRESS		CHICAGO IL 60601	
CITY-STATE-ZIP			
TITLE	PD	DWYER, JAMES A	<input type="checkbox"/> DELETE
NAME		2100 ELECTRONICS LANE	
STREET ADDRESS		FT MYERS FL 33912	
CITY-STATE-ZIP			
TITLE	VD	GOODMAN, RICHARD	<input type="checkbox"/> DELETE
NAME		222 N. LASALLE ST., #2000	
STREET ADDRESS		CHICAGO IL	
CITY-STATE-ZIP			
TITLE	VD	CROWN, JAMES S	<input type="checkbox"/> DELETE
NAME		222 N. LASALLE ST., #2000	
STREET ADDRESS		CHICAGO IL	
CITY-STATE-ZIP			
TITLE	S	RUBIN, DAVID M	<input type="checkbox"/> DELETE
NAME		222 N. LASALLE ST., #2000	
STREET ADDRESS		CHICAGO IL 60601	
CITY-STATE-ZIP			
TITLE	VT	WINSTEL, DAVID	<input type="checkbox"/> DELETE
NAME		2100 ELECTRONICS LANE	
STREET ADDRESS		FORT MYERS FL	
CITY-STATE-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-489-1600

CR2E034 (12/95)

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ATTACHMENT TO 1996 FLORIDA DEPARTMENT OF STATE CORPORATION ANNUAL REPORT

BLOCK 13 ADDITIONS:

ASSISTANT SECRETARIES

FREDRIC D. TANNENBAUM 222 NORTH LASALLE STREET CHICAGO, ILLINOIS 60601

THERESA MONTERO 2100 ELECTRONICS LANE FT. MYERS, FL 33912
(TO REPLACE THOMAS A. KORMAN)