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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:31

DOCUMENT # F94000002816 (6)

1. Corporation Name

QUINTEX MOBILE COMMUNICATIONS CORP.

Principal Place of Business

150 MARCUS BLVD.
HAUPPAUGE NY 11788

Mailing Address

150 MARCUS BLVD.
HAUPPAUGE NY 11788

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/27/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

11-2792089

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

UNITED CORPORATE SERVICES, INC.
801 N.E. 167TH ST.
SUITE 300
NORTH MIAMI BEACH FL 33162

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 607.0509, Florida Statutes.

SIGNATURE

(Signature must be printed name of registered agent and filed with public)

(NOTE: Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

SHALAM, JOHN J

STREET ADDRESS

150 MARCUS BLVD.

CITY - ST - ZIP

HAUPPAUGE NY 11788

TITLE

VD

NAME

STOEHR, CHARLES M

STREET ADDRESS

150 MARCUS BLVD.

CITY - ST - ZIP

HAUPPAUGE NY 11788

TITLE

S

NAME

JOHNSON, CHRIS LIS

STREET ADDRESS

150 MARCUS BLVD.

CITY - ST - ZIP

HAUPPAUGE NY 11788

TITLE

D

NAME

CHRISTOPHER, PHILIP

STREET ADDRESS

150 MARCUS BLVD.

CITY - ST - ZIP

HAUPPAUGE NY 11788

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I hereby certify that the information supplied by this filing is voluntarily furnished and does not qualify for the exemption stated in S. 199.032(6)(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 liquidator empowered to execute this report as required by Chapter 1407, Florida Statutes, and that my name appears in Block 12 of this filing. (If changed, as an attachment with an address.)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

CHARLES M. STOEHR V.P.

1/18/95 516 23171572