

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # F94000003414 (9)

1. Corporation Name

MAP MOBILE COMMUNICATIONS, INC.



Principal Place of Business

Mailing Address

**840 GREENBRIER CIRCLE
SUITE 202
CHESAPEAKE VA 23320**

**840 GREENBRIER CIRCLE
SUITE 202
CHESAPEAKE VA 23320**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

3. Date Incorporated or Qualified

06/29/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

22-3064901

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

10. Name and Address of New Registered Agent

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 title, if applicable)

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORRISON, GARRY	
STREET ADDRESS	840 GREENBRIAR CIR., STE 202	
CITY - ST - ZIP	CHESAPEAKE VA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MORRISON, ENE D	
STREET ADDRESS	840 GREENBRIAR CIR., STE 202	
CITY - ST - ZIP	CHESAPEAKE VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERESFORD, PETER	
STREET ADDRESS	840 GREENBRIAR CIR., STE 202	
CITY - ST - ZIP	CHESAPEAKE VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARD, WILLIAM	
STREET ADDRESS	840 GREENBRIAR CIR., STE 202	
CITY - ST - ZIP	CHESAPEAKE VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUMPHRY, BRONWYN	
STREET ADDRESS	840 GREENBRIAR CIR., STE 202	
CITY - ST - ZIP	CHESAPEAKE VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOREMAN, SHEILA	
STREET ADDRESS	840 GREENBRIAR CIR., STE 202	
CITY - ST - ZIP	CHESAPEAKE VA	

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 - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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 added, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-96 804-424-1191

CR2E034 (12/95)