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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F9500004660 (5) CELLULAR SALES OF FLORIDA, INC. Principal Place of Business Mailing Address 8787 SOUTHSIDE BLVD. #2502 8787 SOUTHSIDE BLVD. #2502 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256-3530 3. Date Incorporated or Qualified 3a. Date of Last Report 09/22/1995 04/17/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 65-0592559 Not Applicable Suite, Apt. #. etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent COPELAND, CHAD E 8787 SOUTHSIDE BLVD. #2502 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32256 83 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, typical or prededinance of registisced agent and the if applicable (NOTE: Rogistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS (96/6) 13. DELETE Change Addition TITLE 1.1 TITLE COPELAND, CHAD E 1.2 NAME NAME 8787 SOUTHSIDE BLVD. #2502 13 STREET ADDRESS STREET ADORESS JACKSONVILLE FL 32256 1.4 CITY-ST-ZIP CITY ST-ZIP DELETE Change Addition TITLE 21 TITLE COPELAND, KIMBERLY A NAME 2.2 NAME 8787 SOUTHSIDE BLVD. #2502 2.3 STREET ADDRESS SUBSET ADDRESS JACKSONVILLE FL 32256 CHY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE COPELAND, KENT E 3.2 NAME NAME 8787 SOUTHSIDE BLVD. #2502 **3.3 STREET ADDRESS** STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-Zir 3.4. CITY - ST- ZIP DELETE Change noitibh TITLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADORESS 44 CITY-ST-ZIP CHY-S*-ZIP DELETE Change Addition THE 5 1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST ZOF DELETE 6.1 THLE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST-ZIP CITY - S1 - 7(P

14. I do hereby cert ty that the information supplied with this filling 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

ATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

1/22/97

708-0942

FILED

Jan 30 1997 8:00am

Secretary of State