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FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000006039
1. Corporation Name

Mobile Communication Solutions, Inc.

Principal Place of Business 2500 NW 10TH St. Ste 101 Ocala, Fl. 34475	Mailing Address 107 NORTHEAST FIRST AVENUE OCALA FL 32670-3661
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/96

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	4. FEI Number 59-3405709	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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, Fl. 32301

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☐ DELETE	1.1 TITLE	Director ☐ Change ☐ Addition
NAME	J. David Clapp	1.2 NAME	Joe Wynne
STREET ADDRESS	2500 NW 10TH St. Ste. 101	1.3 STREET ADDRESS	Commonwealth Assoc.
CITY-ST-ZIP	Ocala, Fl. 34475	1.4 CITY-ST-ZIP	830 Third Ave. New York, NY 10022
TITLE	Vice President ☐ DELETE	2.1 TITLE	Director ☐ Change ☐ Addition
NAME	Ellen M. Martel	2.2 NAME	Robert Tucker
STREET ADDRESS	2500 NW 10TH St. ste 101	2.3 STREET ADDRESS	405 Townsend Place
CITY-ST-ZIP	Ocala, Fl. 34475	2.4 CITY-ST-ZIP	Atlanta, GA 30327
TITLE	Vice President ☐ DELETE	3.1 TITLE	Director ☐ Change ☐ Addition
NAME	Crit J. Cook	3.2 NAME	Richard Corbin, DDS
STREET ADDRESS	2500 NW 10TH St. Ste. 101	3.3 STREET ADDRESS	2000 Broadway - Apt. 21A
CITY-ST-ZIP	Ocala, Fl. 34475	3.4 CITY-ST-ZIP	New York, NY 10023
TITLE	Director ☐ DELETE	4.1 TITLE	
NAME	Ted Orlando	4.2 NAME	
STREET ADDRESS	Barkus Capital	4.3 STREET ADDRESS	
CITY-ST-ZIP	11 Stonehenge Lane	4.4 CITY-ST-ZIP	
TITLE	East Northport, NY 11751 ☐ DELETE	5.1 TITLE	
NAME		5.2 NAME	400002530544
STREET ADDRESS		5.3 STREET ADDRESS	-05/20/98--01087--048
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***158.75
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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(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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

J. David Clapp

J. David Clapp

(250) 100 1000