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 # H08908 (6)

1. Corporation Name
CELLULAR DIRECTIONS, INC.

Principal Place of Business
1155 PASADENA AVENUE S
H
S PASADENA FL 33707
US

Mailing Address
P.O. BOX 67034
ST. PETERSBURG BEACH FL 33736-7034
US

3. Date Incorporated or Qualified: 06/20/1984
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business
21 1958 TRADE CENTERWAY
Suite, Apt. #, etc.: 22 SUITE 206
City & State: 23 NAPLES FL
Zip: 24 33942 Country: 25 COLLIER

2a. Mailing Address
26 PoBox 413005
Suite, Apt. #, etc: 27 SUITE 216
City & State: 28 NAPLES FL
Zip: 29 33941 Country: 30 COLLIER

4. FEI Number: 59-2424983 ☐ 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
GAUTHIER, MARTIN J.
420 64TH AVE., #1104E
ST. PETERSBURG BCH FL 33706

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 828 NEAPOLITAN WAY, SUITE 216
83
84 City NAPLES FL 85 Zip Code 33941

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 Martin J Gauthier 2/2/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	☐ DELETE
NAME	GAUTHIER, MARTIN J.	
STREET ADDRESS	420 - 64TH AVE.	
CITY-ST-ZIP	ST. PETE. BCH. FL	
TITLE	PTD	☐ DELETE
NAME	GAUTHIER, ENID L.	
STREET ADDRESS	420 - 64TH AVE.	
CITY-ST-ZIP	ST. PETE. BCH. FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	828 NEAPOLITAN WAY, SUITE 216	
1.4 CITY-ST-ZIP	NAPLES FL 33941	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	828 NEAPOLITAN WAY, SUITE 216	
2.4 CITY-ST-ZIP	NAPLES FL 33941	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Martin J Gauthier 2/2/96 941-514-3998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #