FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 25 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J11701** **(6)**

1. Corporation Name
CENTRAL FLORIDA CELLULAR TELEPHONE COMPANY, INC.

Principal Place of Business	Mailing Address
3221 NW FEDERAL HWY JENSEN BCH FL 34957 US	8410 W BRYN MAWR SUITE 700 CHICAGO IL 60631 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/29/1986**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: **36-3526335** ☐ 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

ERWIN, DAVID B.
1311-A PAUL RUSSELL ROAD, SUITE 101
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	NELSON, H. DONALD	12 NAME	
STREET ADDRESS	8410 W BRYN MAWR, S700	13 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	MEYERS, KENNETH R.	22 NAME	
STREET ADDRESS	8410 W BRYN MAWR, S700	23 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	24 CITY-ST-ZIP	
TITLE	VPD	31 TITLE	☐ Change ☐ Addition
NAME	POST, ROBERT M., JR.	32 NAME	
STREET ADDRESS	23 WEST JOHN STREET	33 STREET ADDRESS	
CITY-ST-ZIP	HICKSVILLE NY	34 CITY-ST-ZIP	
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	FITZELL, STEPHEN P.	42 NAME	
STREET ADDRESS	69 W WASHINGTON ST.	43 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	44 CITY-ST-ZIP	
TITLE	DST	51 TITLE	☐ Change ☐ Addition
NAME	BONO, THOMAS	52 NAME	
STREET ADDRESS	17 FAIRVIEW TERRACE	53 STREET ADDRESS	
CITY-ST-ZIP	PARAMUS NJ	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: _____ H. Donald Nelson 4/21/95 (312) 399-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0388883 CP