

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J11701 (6)

1. Corporation Name

CENTRAL FLORIDA CELLULAR TELEPHONE COMPANY, INC.



Principal Place of Business

3221 NW FEDERAL HWY
JENSEN BCH FL 34957
US

Mailing Address

8410 W BRYN MAWR
SUITE 700
CHICAGO IL 60631
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/29/1986

3a. Date of Last Report

04/25/1995

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

Signature typed or printed name of registered agent, if different from above

NOTE: Registered Agent for all registered corporations

Date

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DP

NELSON, H. DONALD

8410 W BRYN MAWR, S700

CHICAGO IL

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD

MEYERS, KENNETH R.

8410 W BRYN MAWR, S700

CHICAGO IL

☐ DELETE

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VPD

POST, ROBERT M., JR.

23 WEST JOHN STREET

HICKSVILLE NY

☐ DELETE

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DS

FITZELL, STEPHEN P.

69 W WASHINGTON ST.

CHICAGO IL

☐ DELETE

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DST

BONO, THOMAS

17 FAIRVIEW TERRACE

PARAMUS NJ

☐ DELETE

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY-ST-ZIP

☐ Change

☐ Addition

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, unchanged, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/96

(312) 399-8900
Date of Filing

CR2E034 (12/95)