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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 60631-3486
US

3. Date Incorporated or Qualified
04/29/1986

3a. Date of Last Report
05/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

(Type or print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME NELSON, H. DONALD
STREET ADDRESS 8410 W BRYN MAWR, S700
CITY-ST-ZIP CHICAGO IL

TITLE TD
NAME MEYERS, KENNETH R.
STREET ADDRESS 8410 W BRYN MAWR, S700
CITY-ST-ZIP CHICAGO IL

TITLE VPD
NAME POST, ROBERT M., JR.
STREET ADDRESS 23 WEST JOHN STREET
CITY-ST-ZIP HICKSVILLE NY

TITLE DS
NAME FITZELL, STEPHEN P.
STREET ADDRESS 69 W WASHINGTON ST.
CITY-ST-ZIP CHICAGO IL

TITLE DST
NAME BONO, THOMAS
STREET ADDRESS 17 FAIRVIEW TERRACE
CITY-ST-ZIP PARAMUS NJ

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

KENNETH R. MEYERS

3/28/97

773-399-8900

(Type or print name of signing officer or director)

Date

Daytime Phone #

0482065

CR2E034 (9/96)