

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 07 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 # J24146 (9)
1. Corporation Name
DIGI-CELL COMMUNICATIONS, INC.



Principal Place of Business
414 S. BROAD STREET
BROOKSVILLE FL 34801

Mailing Address
414 S. BROAD STREET
BROOKSVILLE FL 34801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1204 S. Broad St. Suite, Apt. #, etc 22 City & State Brooksville FL 23 Zip 34601 24 Country		2a. Mailing Address 26 1204 S. Broad St. Suite, Apt. #, etc 27 City & State Brooksville FL 28 Zip 34601 29 Country		3. Date Incorporated or Qualified 07/14/1986	
				4. FEI Number 59-2688304	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MORRILL, KEVIN 414 S. BROAD STREET BROOKSVILLE FL 34801 1204		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1204 S. Broad Street 83 84 City FL 85 Zip Code	
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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	PO MORRILL, KEVIN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	506 COLONIAL DRIVE	1.2 NAME	
STREET ADDRESS	BROOKSVILLE FL 34801	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D REGISTER, MAX	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9883 DOMINGO DRIVE	2.2 NAME	
STREET ADDRESS	BROOKSVILLE FL 34801	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD MORRILL, LYNN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	506 COLONIAL DR.	3.2 NAME	
STREET ADDRESS	BROOKSVILLE FL 34801	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]

4-15-98 352-544-0620

CR2E034 (10/97)