PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J71339

1. Corporation Name

CELLULAR ENTERPRISES, INC.

Principal Place of Business		Mailing Address			
C/O CLIFFORD G. HARTMAN		C/O CLIFFORD G. HARTMAN			
4173 SALTWATI		4173 SALTWATER BLVD.			DO NOT WRITE IN THIS SPACE
TAMPA FL 33615		TAMPA FL 33615			3. Date Incorporated or Qualifed
					05/06/1987
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-2829407 Not Applicable
Sulte, Apt. #, etc.		Suite, Apt: #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28	Country		Trust Fund Contribution Added to Fees
Zìp	Country	Zip 30	Country		8. This corporation owes the current year Intangible Personal Property Tax.
24	9. Name and Address of Curren				10. Name and Address of New Registered Agent
	9. Name and Address of Curren	t Negistered Agent	81	Name	
HARTMAN, CLIFFORD G.					
	SALTWATER BLVD.		82	Street A	t Address (P.O. Box Number is Not Acceptable)
TAMPA FL 33616			83		
			24	0.1	85 Zip Code
			84	"	FL
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.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HARTMAN, CLIFFORD G.		1.2 NAME		
STREET ADDRESS	4173 SALTWATER BLVD.			TADDRESS	S
CITY-ST-ZIP	TAMPA FL	— Deleve	1.4 CITY-S	T-ZiP	Change Addition
TITLE		☐ DELETE	2.1 TITLE		
NAME			2.2 NAME		
STREET ADDRESS	-	· -		T ADDRESS	5
CITY-ST-ZIP		□ DELETE	2.4 CITY-S 3.1 TITLE	31-ZIP	☐ Change ☐ Addition
TITLE			3.2 NAME		
NAME		1	•	T ADDRESS	
STREET ADDRESS			3.4, CITY-S	1	
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	31-21	☐ Change ☐ Addition
NAME			4. 2 NAME		
				T ADDRESS	s
STREET ADDRESS			4.4 CITY-S	į	
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	. •	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	T ADDRESS	s
CITY-ST-ZiP			5.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		

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, and attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

813 - 881 - 9242 Daytime Phone #

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90025 031 ***150.00