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Jul 31 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 # J72063 (7)
1. Corporation Name
~~MCCAW CELLULAR COMMUNICATIONS OF FLORIDA, INC.~~



Principal Place of Business
5000 CARILLON POINT
KIRKLAND WA 98033

Mailing Address
5000 CARILLON POINT
KIRKLAND WA 98033-7356

3. Date Incorporated or Qualified
05/11/1987

3a. Date of Last Report
07/26/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	91-1380708	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
			<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	P	1.1 TITLE	P/D
NAME	HOOPER, STEVEN W.	1.2 NAME	Daniel R. Hesse
STREET ADDRESS	5000 CARILLON POINT	1.3 STREET ADDRESS	5000 Carillon Point
CITY-ST-ZIP	KIRKLAND WA 98033	1.4 CITY-ST-ZIP	Kirkland WA 98033
TITLE	S	2.1 TITLE	S
NAME	PERRY, WAYNE M.	2.2 NAME	Gregory P. Landis
STREET ADDRESS	5000 CARILLON POINT	2.3 STREET ADDRESS	5000 Carillon Point
CITY-ST-ZIP	KIRKLAND WA 98033	2.4 CITY-ST-ZIP	Kirkland WA 98033
TITLE	VP	3.1 TITLE	
NAME	THOMAS, MARK U.	3.2 NAME	
STREET ADDRESS	5000 CARILLON POINT	3.3 STREET ADDRESS	
CITY-ST-ZIP	KIRKLAND WA 98033	3.4 CITY-ST-ZIP	
TITLE	VPAS	4.1 TITLE	
NAME	MARSH, JENNIFER	4.2 NAME	
STREET ADDRESS	5000 CARILLON POINT	4.3 STREET ADDRESS	
CITY-ST-ZIP	KIRKLAND WA 98033	4.4 CITY-ST-ZIP	
TITLE	CFOT	5.1 TITLE	CFOT/D
NAME	HUFF, ROLLA P.	5.2 NAME	John D. Thompson
STREET ADDRESS	5000 CARILLON POINT	5.3 STREET ADDRESS	5000 Carillon Point
CITY-ST-ZIP	KIRKLAND WA 98033	5.4 CITY-ST-ZIP	Kirkland, WA. 98033
TITLE	SVPD	6.1 TITLE	
NAME	QUARTNER, ANDREW A.	6.2 NAME	
STREET ADDRESS	5000 CARILLON POINT	6.3 STREET ADDRESS	
CITY-ST-ZIP	KIRKLAND WA 98033	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 my address.

SIGNATURE: *[Signature]* 6/26/96 6:25:23 AM

CR2E034 (9/96)