

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

FILED
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
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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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/11/1987	3a. Date of Last Report 07/26/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 91-1380708	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30
7. Name and Address of Current Registered Agent		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			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	PIO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOPER, STEVEN W.	1.2 NAME	Daniel K. 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 <input type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	5.1 TITLE	CFOT/ID <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____

CR2E034 (9/96)