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

**PROFIT CORPORATION** ANNUAL REPORT

1998

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

101

**FILED** Jan 20 1998 8:00am Secretary of State

Principal Place 5030 CHAMP SUITE GID	DO Name HOBILE PHONE COMPAN' DO OF BUSINESS HON BLVD.  N. FL. FL 33496	<b>\</b> /	3496		Do	HT NI STIRW TON C			
					3. Date Incorporated 10/30/1987	or Qualified			
<b>—</b>	Place of Business	2a. Mailing Address			4. FEI Number	`ADI E		pplied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		NOT APPLIC	<b>-</b>		ol Applicable Additional		
22		27		5. Certificate of Statu	5. Certificate of Status Desired Fee Required				
City & Stat	te	City & State		1	8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Count	ry	8. This corporation ov				
24 25		29			'	Personal Property Tax due June 30. Yes No			
	9. Name and Address of Cui	rent Registered Agent		. 1	10. Name and Addres	s of New Register	ed Agent		
	ROW, CRAIG M.		В	1 Name					
	74 LACORNICHE CIRCLE ICA RATON FL 33433		8:	2 Street	Address (P.O. Box Number is	ress (P.O. Box Number is Not Acceptable)			
	OA NATOR LE 39433		8:	3				<del>" · · · · · · · · · · · · · · · · · · ·</del>	
			8.	4 00			1		
							•L   `	Code	
office or I agent. I a SIGNATURE	to the provisions of Sections 607, registered agent, or both, in the Stam familiar with, and accept the ob-				poration's board of directors. I required when renstating)  ADDITIONS/CHANG	DATI	E		
TITLE	D DELETE		1.1 TITLE		ADDITIONS/CHAING	ES TO OFFICERS F	Change	Addition	
NAME	ISROW, CRAIG		1.2 NAME				change	Natilion	
STREET ADDRESS	2638 NW 42ND ST		1.3 STREET ADDRESS						
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY - ST - ZIP						
TITLE .		DELETE					Change	☐ Addition	
NAME									
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP	<u> </u>	DELETE		- ST - ZIP				T Address	
NAME			3.1 TITLE				Change	Addition	
STREET ADDRESS			3.2 NAME	T ADDRESS					
CITY-ST-ZIP									
TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE				Change	Addition	
NAME			4. 2 NAME						
STREET ADDRESS				T ADDRESS	1				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	1				
TITLE		☐ DELETE					Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADDRESS					
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY-	ST-ZIP	<del> </del>	<del></del>			
TITLE		☐ DELETE	6.1 TITLE				Change	Addition	
NAME .			6.2 NAME						
STREET ADDRESS !			6.3 STREE	T ADDRESS					

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 chapted, or on an attachment with an address.