

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR - 1 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K10728** (9)

1. Corporation Name
CELLULAR TOO, INC.
aka Sound Sensations

Principal Place of Business 8535 BAYMEADOWS RD. SUITE 4 JACKSONVILLE FL 32256	Mailing Address RALPH VICKERS & CO. 120 INTERSTATE N. PARKWAY E. ATLANTA GA 30339
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/05/1988	3a. Date of Last Report 07/25/1994
4. FEI Number 59-2866290	Applied For Not Applicable
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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 10131 HWY San Jose Blvd. Suite, Apt. #, etc.	2a. Mailing Address 26 120 Interstate N Pkwy E Suite, Apt. #, etc.
22 City & State Jacksonville Fla.	27 City & State Atlanta GA
23 Zip 32257	24 Country USA
25 Zip 30339	26 Country USA

B. Name and Address of Current Registered Agent

LANDAU, FRANCINE CLAIR
311 WEST DUVAL STREET, SUITE 204
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL
B5 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 changing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	VICKERS, RALPH W.
STREET ADDRESS	1200 INTERSTATE PKWY E.
CITY - ST - ZIP	ATLANTA GA 30339
TITLE	ST
NAME	WAGES, JANET V.
STREET ADDRESS	120 INTERSTATE PKWY E.
CITY - ST - ZIP	ATLANTA GA 30339
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	100001419421
1.4 CITY - ST - ZIP	-03/02/95--01064--022
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	***200.00 ***200.00
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 as changed, or on an attachment with an address.

SIGNATURE: Ralph W. Vickers **Ralph W. Vickers** 2/10/95 404 990-1405