

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K10728 (9)**

1. Corporation Name
CELLULAR TOO, INC.



Principal Place of Business: **10131 #14 SAN JOSE BLVD. JACKSONVILLE FL 32257**
Mailing Address: **120 INTERSTATE N. PKWY E. #202 ATLANTA GA 30339**

| | | | |
|----|--------------------------------|----|---------------------|
| 21 | 2. Principal Place of Business | 2a | Mailing Address |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. |
| 23 | City & State | 28 | City & State |
| 24 | Zip | 29 | Zip |
| 25 | Country | 30 | Country |

| | | | |
|---|---|---|---------------------------------------|
| 3 | Date Incorporated or Qualified | 3a | Date of Last Report |
| | 01/05/1988 | | 03/01/1995 |
| 4 | FBI Number | Applied For | |
| | 59-2866290 | <input type="checkbox"/> 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 | | |

9. 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

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 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's signature is required when registering)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | VICKERS, RALPH W. | |
| STREET ADDRESS | 1200 INTERSTATE PKWY E. | |
| CITY-ST-ZIP | ATLANTA GA 30339 | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | WAGES, JANET V. | |
| STREET ADDRESS | 120 INTERSTATE PKWY E. | |
| CITY-ST-ZIP | ATLANTA GA 30339 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| 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 | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 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 | |

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03/27/96 01041 007
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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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: *Ralph W. Vickers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95) DM 3-27-1996