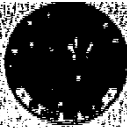


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
TAMARA H. MORTON
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 APR 18 PM 5:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K96361 (6)

1. Corporation Name

ADVANCED CELLULAR COMMUNICATIONS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**33243 BINT IBN LANE
SORRENTO FL 32776**

Mailing Address

**33243 BINT IBN LANE
SORRENTO FL 32776**

3. Date Incorporated or Qualified

06/15/1989

3a. Date of Last Report

02/21/1994

2. Principal Place of Business

21 125 S. CR 427

2a. Mailing Address

26 125 S. CR 427

4. FEI Number

59-2959963

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 Longwood FL

City & State

28 Longwood FL

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 32750

25 USA

29 32750

30 USA

8. This corporation has liability for intangible tax under S. 195.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BOETTO, JEFFREY S.
33043 BINT IBN LANE
SORRENTO FL 32776**

10. Name and Address of New Registered Agent

**81 Name Jeffrey S. Boetto
82 Street Address (P.O. Box Number is Not Acceptable)
2959 Embassy Court
83
84 City Casselberry FL 85 Zip Code 32707**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Jeffrey S. Boetto

3/30/95

(Signature Agent or Secretary of Corporation and Title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DSP
NAME	BOETTO, JEFFREY S.
STREET ADDRESS	33043 BINT IBN LANE
CITY, ST, ZIP	SORRENTO FL
TITLE	
NAME	BOETTO, JEFFREY S.
STREET ADDRESS	33043 BINT IBN LANE
CITY, ST, ZIP	SORRENTO FL
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

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)(b), 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:

Jeffrey S. Boetto

Jeffrey Boetto 3/30/95

(407)

831-1222

(Signature and Printed Name of Signing Officer or Director)

Date

Telephone