CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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.

Principal Place of Business	Mailing Address
33243 BINT IBN LANE SORRENTO FL 32776	33243 BINT IBN LANE SORRENTO FL 32776

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1989
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business	2a. Mailing Address
21 125 S. CR 427	26 125 S. CR 427
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Longwood FL	City & State 28 Longwood FL
Zip / County 24 32750 / 25 USA	Zip / County 29 32750 / 30 USA

4. FEI Number: 59-2959963 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. The corporation has liability for intangible tax under S. 199.032, 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Jeffrey S Boetto DATE: 3/30/95
Signature of new registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DSP	11 TITLE	☐ Change ☐ Addition
NAME	BOETTO, JEFFREY S.	12 NAME	
STREET ADDRESS	33043 BINT IBN LANE	13 STREET ADDRESS	
CITY ST ZIP	SORRENTO FL	14 CITY ST ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	BOETTO, JEFFREY S.	22 NAME	
STREET ADDRESS	33043 BINT IBN LANE	23 STREET ADDRESS	
CITY ST ZIP	SORRENTO FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 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 an address.

SIGNATURE: Jeffrey S Boetto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey Boetto 3/30/95 (407) 831-1222
Title — Daytime Phone #

0061171 CP