SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL 20 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L82258** **(9)**

1. Corporation Name
KONOVER MOBILE, INC.

Principal Place of Business	Mailing Address
7000 WEST PALMETTO PARK ROAD, SUITE 408 BOCA RATON FL 33433	7000 WEST PALMETTO PARK ROAD, SUITE 408 BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/21/1990**
3a. Date of Last Report: **08/01/1994**

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: **65-0301170** ☐ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ASHENFELTER, MARIA S.
KONOVER MANAGEMENT SOUTH, INC.
7000 WEST PALMETTO PARK ROAD, SUITE 408
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
(Signature, typed or printed name of 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	DC	1.1 TITLE		☐ Change ☐ Addition
NAME	KONOVER, SIMON	1.2 NAME		
STREET ADDRESS	51 TUMBLEBROOK LANE	1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST HARTFORD CT	1.4 CITY-ST-ZIP		
TITLE	DP	2.1 TITLE		☐ Change ☐ Addition
NAME	STEINMARK, FRED P.	2.2 NAME		
STREET ADDRESS	3757 NW 52ND STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP		
TITLE	DTS	3.1 TITLE		☐ Change ☐ Addition
NAME	ASHENFELTER, MARIA S.	3.2 NAME		
STREET ADDRESS	7400 S.W. 13TH ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	N. LAUDERDALE FL	3.4 CITY-ST-ZIP		
TITLE	DV	4.1 TITLE		☐ Change ☐ Addition
NAME	ROSEN, JONATHAN P.	4.2 NAME		
STREET ADDRESS	40 EAST 69TH STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP		
TITLE	AS	5.1 TITLE		☒ Change ☐ Addition
NAME	SCHWARTZ, LAWRENCE B.	5.2 NAME	OMIT THIS OFFICER	
STREET ADDRESS	231 BRADLEY PL, S-203	5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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: Maria S. Ashenfelter Sec'y. Treas. 7/14/95 407-394-4224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Maria S. Ashenfelter, Secretary/Treasurer

0087492 CP