

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90005 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L82258

1. Corporation Name
KONOVER MOBILE, INC.



Principal Place of Business % COHEN, GERSHMAN & WAKIM, P.C. 2410 ALBANY AVENUE WEST HARTFORD CT 06117	Mailing Address % COHEN, GERSHMAN & WAKIM, P.C. 2410 ALBANY AVENUE WEST HARTFORD CT 06117
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>7000 W. Palmetto Park Rd.</u>	2a. Mailing Address 26 _____
Suite, Apt. #, etc. 22 <u>408</u>	Suite, Apt. #, etc. 27 _____
City & State 23 <u>Boca Raton, FL</u>	City & State 28 _____
Zip 24 <u>33433</u>	Country 25 <u>USA</u>

3. Date Incorporated or Qualified <u>06/21/1990</u>	
4. FEI Number <u>65-0301170</u>	Applied For <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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	KONOVER, SIMON	
STREET ADDRESS	51 TUMBLEBROOK LANE	
CITY-ST-ZIP	WEST HARTFORD CT	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	STEINMARK, FRED P.	
STREET ADDRESS	3757 NW 52ND STREET	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DTS	<input checked="" type="checkbox"/> DELETE
NAME	ASHENFELTER, MARIA S.	
STREET ADDRESS	7400 S.W. 13TH ST	
CITY-ST-ZIP	N. LAUDERDALE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ROSEN, JONATHAN P.	
STREET ADDRESS	40 EAST 69TH STREET	
CITY-ST-ZIP	NEW YORK NY	
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	D/C/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Richard C. Liljedahl	
2.3 STREET ADDRESS	2410 Albany Avenue	
2.4 CITY-ST-ZIP	West Hartford, CT 06117	
3.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jonathan Rosen	
3.3 STREET ADDRESS	40 East 69th Street	
3.4 CITY-ST-ZIP	New York, NY 10021	
4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	James Wakim	
4.3 STREET ADDRESS	2410 Albany Avenue	
4.4 CITY-ST-ZIP	West Hartford, CT 06117	
5.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Susan W. Vinhais	
5.3 STREET ADDRESS	2410 Albany Avenue	
5.4 CITY-ST-ZIP	West Hartford, CT 06117	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** 3/25/99 860-232-4545
 Richard C. Liljedahl, Vice President Date Daytime Phone #

CR2E034 (11/98)