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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M85836

(8)

CELLULAR CONSULTANTS, INC.

Principal Place	e of Business	Mailing Address	Mailing Address			1 10010011 101 1010 01101 11100 111100 1	1001 MIMIO MANAS .	#1811 A1811 B1811 B1	1911 1981
1044 CASTELLO DRIVE SUITE 211 NAPLES FL 33940		1044 Castello Drive Suite 211 Naples Fl 34103-1900							
						 Date Incorporated or Qualifie 06/16/1988 		Date of Last Re /20/1996	eport
	lace of Business	2a. Mailing Address		•		4. FEI Number		·	plied For
21	N - 12	Suite, Apt. #, etc.				65-0058052		\$8.75 A	t Applicable
Suite, Apl	#, €IC.	27				Certificate of Status Desired		Fee Re	
City & State	6		City & State			6. Election Campaign Financing		\$5.00	··
23	•	28				Trust Fund Contribution		Added to	o Fees
^Z 34103	Country	Zip	С	ountry	1	8. This corporation has liability			199.032,
24 34103	-	29	30			Florida Statutes	Yes		
9. Name and Address of Current Registered Agent					r::	10, Name and Address of New	Registered	l Agent	
BECKWITH, C.G. JR				81	Name				
	CASTELLO DRIVE, STE 211			82	Street Ac	idress (P.O. Box Number is Not Accep	otable)	***************************************	
NAP	LES FL 33940			83					
		•		Ľ	l				
				84	City		FI	85 Zip (Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statu	utes, the	abov	e-named co	orporation submits this statement for the		of changing it	s registered
office or r	registered agent, or both, in the Stat	e of Florida, Such change was	authori.	zed by	y the corpo	orporation submits this statement for the ration's board of directors. I hereby at	cept the ap	pointment as	registered
	in familiar with, and accept the beni	galloris of, ocollori ocr. ocos, i	ionoa c	idiaio	J.				
SIGNATURE	Signal incity; editer printed hand of registered as	gent and title if applicable (NC	OTE: Regist	ered Ag	ent signature re	quired when reinstating)	DATE		
12.	OFFICERS AF	ND DIRECTORS		3.		ADDITIONS/CHANGES TO O	FICERS AN		
THILE	V	DELETE		TITLE				Change	Addition
NAME	BECKWITH JR., C. G.			2 NAME					
STREET ADDRESS	1044 CASTELLO DR, ST 211				ADORESS				
CIY-SI-ZiP	NAPLES, FL 33963	DELETE		4 CHTY-: 1 TITLE	ST-ZIP			Change	Addition
11'LE	JONES, NEIL E.	C) OLCLIC						Land Ortonigo	- Todinos
NAME STREET ADDRESS	1044 CASTELLO DR, ST2100			S NAME	T ADDRESS				
CHY-ST-ZIP	NAPLES, FL 33963			4 CITY-					
TITLE	DELETE			3.1 TITLE				Change	Addition
NAME.			3	2 NAME					
STREET ADORESS			3.	3 STREE	T ADDRESS				
CH1Y - 51 ZIF			3.	4. CITY-	ST-ZIP				
TITLE	DELETE		4.	4.1 TITLE				Change	Addition
NAME			4.	2 NAME					
STREET ADDRESS			4.	3 STREE	T ADDRESS				
CITY-ST-ZIF				4.4 CITY · ST - ZIP				☐ Change	Addition
THEF		☐ DELETE		1 TITLE				m change	ET MODITION
NAME				2 NAME	T 4000000				
STREET ADDRESS				3 STMEE 4 CITY -	T ADDRESS				
CHTV+ST+7/P	1		■ 5.	4 VII T -	31-14F				

14. I do 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 Suppliemental 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 pranged or on an attentional with

6.3 STREET ADDRESS 6.4 City-St-Zip

6.1 TITLE

6.2 NAME

SIGNATURE:

THE

STREET ADDRESS

ONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4/01/97

941-4340905

Change

Addition

FILED

Apr 08 1997 8:00am

Secretary of State