

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P07899** (8)

1. Corporation Name

MAXCELL TELECOM PLUS, INC.



Principal Place of Business

**3950 RCA BLVD.
STE. 5001
PALM BEACH GARDENS FL 33410
US**

Mailing Address

**3950 RCA BLVD.
STE. 5001
PALM BEACH GARDENS FL 33410
US**

3. Date Incorporated or Qualified
10/28/1985

3a. Date of Last Report
05/01/1995

4. FEI Number

52-1282499

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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

g. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature of Corporation or Registered Agent or Other Appointee

Signature of Registered Agent (must be filed when registered)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **BURFORD, FREDERICK W.**
CITY, ST, ZIP **3950 RCA BLVD. STE. 5001**
PALM BEACH GARDENS FL 33410

2. TITLE ☐ DELETE
NAME **DEV**
STREET ADDRESS **KENNEDY, ROBERT A**
CITY, ST, ZIP **3950 RCA BLVD. STE. 5001**
PALM BEACH GARDENS FL 33410

3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP ☐ Change ☐ Addition

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP ☐ Change ☐ Addition

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP ☐ Change ☐ Addition

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP ☐ Change ☐ Addition

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP ☐ Change ☐ Addition

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP ☐ Change ☐ Addition

25. TITLE ☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP ☐ Change ☐ Addition

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)(k), 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 or changed or on appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FREDERICK W. BURFORD

407-691-8800

CR2E034 (12/95)