PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
Apr 24 1997 8:00am
Secretary of State

DOCUMENT # P07899 (8)

1. Corporation Name

MAXCELL TELECOM PLUS, INC.

Principal Place of Business	Mailing Address
3950 RCA BLVD. STE. 5001 PALM BEACH GARDENS FL 33410 US	3950 RCA BLVD. STE. 5001 PALM BEACH GARDENS FL 33410 US

3. Date Incorporated or Qualified: 10/28/1995

3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 MAXCELL TELECOM PLUS, INC.	26 MAXCELL TELECOM PLUS, INC.
Suite, Apt. #, etc. 22 8681 TanOak Drive	Suite, Apt. #, etc. 27 P. O. Box 3 #2460
City & State 23 Germantown, TN	City & State 28 Germantown, TN
Zip / Country 24 38138 25 USA	Zip / Country 29 38183 30 USA

4. FEI Number: 52-1282499 — Applied F / Not Appli

5. Certificate of Status Desired ☐ — $8.75 Additior Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May B 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

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 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, ET
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BURFORD, FREDERICK W. 3950 RCA BLVD. STE. 5001 PALM BEACH GARDENS FL 33410	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP — ☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEV KENNEDY, ROBERT A 3950 RCA BLVD. STE. 5001 PALM BEACH GARDENS FL 33410	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP — ☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP — ☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP — ☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP — ☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP — ☐ Change ☐ Add

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14. I 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 added by an attachment with an address.

SIGNATURE: _____ FRED BURFORD 4/3/97 (901) 523-1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

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