FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 AM 8:34

DOCUMENT # **P29123** **(7)**

1. Corporation Name
MARITIME CELLULAR TELE-NETWORK, INC.

Principal Place of Business	Mailing Address
560 VILLAGE BLVD. #150 WEST PALM BEACH FL 33409	560 VILLAGE BLVD. #150 WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/30/1990
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25):

2a. Mailing Address (26): P.O. Box 3149
Suite, Apt. #, etc. (27):
City & State (28): STUART, FL
Zip (29): 34995
Country (30): U.S.A.

4. FEI Number: 65-0190513 ☐ 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

C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
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] - Asst. Sec. DATE: 6-5-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, WILLIAM B.	12 NAME		
STREET ADDRESS	560 VILLAGE BLVD. #150	13 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL 33409	14 CITY-ST-ZIP		
TITLE	STD	21 TITLE	C/O	☒ Change ☐ Addition
NAME	PROSSER, JEFFREY J.	22 NAME	METE, FOREST	
STREET ADDRESS	560 VILLAGE BLVD. #150	23 STREET ADDRESS	877 S. ALVERNON	
CITY-ST-ZIP	W. PALM BEACH FL 33409	24 CITY-ST-ZIP	TUCSON, AZ 85711	
TITLE	CD	31 TITLE		☒ Change ☐ Addition
NAME	PRIOR, CORNELIUS B., JR.	32 NAME	DELETE	
STREET ADDRESS	560 VILLAGE BLVD. #150	33 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL 33409	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: [signature] PRESIDENT 6-5-95 407-689-3050
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
William B. Thompson

0248600 CP