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CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT # P29123** 

(7)

FILEI	$\mathbf{C}$
Feb 28 1997	8:00am
Secretary of	of State

MARITIME CELLULAR TELE-NETWORK, INC.  Principal Place of Business Mailing Address  580 VILLAGE BLVD. #150 PO BOX 3149 WEST PALM BEACH FL 33409 STUART FL 34995-3149 US					
				3. Date Incorporated or Qualified 04/30/1990	3a. Date of Last Report 07/15/1996
2. Principal F	%ace of Business	2a. Mailing Address		4. FEI Number	Applied For
1		26		65-0190513	Not Applicat
Suite, Apt 2 6650	W. Indiantown Rd.#12	Suite, Apt. #, etc.	2	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State	· <u>L</u>	6. Election Campaign Financing	\$5.00 May Be
Junit	er, FL	Englewood, C	0	Trust Fund Contribution	Added to Fees
Zip -	Country	Zip	Country	B. This corporation has liability for it	intangible tax under s. 199.032,
4 33458	3-3971 <sub>25</sub> USA		30 USA		Yes No
	Name and Address of Currer CORPORATION SYSTEM	nt Hegistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
875	1 WEST BROWARD BLVD. INTATION FL 33324		83	dress (P.O. Box Number is Not Acceptab	
			84 City		FL 85 Zip Code
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office or i agent. Fa SIGNATURE	registered agent or both, in the State am familiar with and accopt the oblig Signative, typed or perhanamic of registered agr	ed Florida, Such change was a ations of, Section 607.0505, Floren; and titled applicable (NOTE)	uthorized by the corpora rida Statutes.  Registered Agent signature requ	ation's board of directors. I hereby acceptions are a compared when reinstaling)	ot the appointment as registered
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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 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. 303

SIGNATURE:

SIGNAPORE AND TYPES OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

DOUG 188 T. Fall D.