

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 # P35823 (4)

1. Corporation Name

PRIME CELLULAR OF FLORIDA, INC.



Principal Place of Business

Mailing Address

801 NORTHEAST 167TH STREET  
SUITE 300  
NO MIAMI BCH FL 33162  
US

801 NORTHEAST 167TH STREET  
SUITE 300  
NO MIAMI BCH FL 33162  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/08/1991

3a. Date of Last Report

07/31/1995

4. FEI Number

65-0286350

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

10. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES, INC.  
155 NORTHWEST 167TH STREET, SUITE 205  
NORTH MIAMI BEACH FL 33169

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME ST FLEMING, JAMES B.  
STREET ADDRESS C/O PRIME CELLULAR, INC. 100 STAMFRD, 3 FL  
CITY-STATE-ZIP STAMFORD CT

TITLE ☐ DELETE  
NAME D FLEMING, JAMES B.  
STREET ADDRESS C/O PRIM CELLULAR, INC. 100 1ST PL, 3RD FL  
CITY-STATE-ZIP STAMFORD CT

TITLE ☐ DELETE  
NAME D ROZZI, SAMUEL  
STREET ADDRESS C/O PRIM CELLULAR, INC. 100 1ST STAMFRD, 3RDF  
CITY-STATE-ZIP STAMFORD CT

TITLE ☐ DELETE  
NAME P PAGANO, JOSEPH K  
STREET ADDRESS C/O PRIME CELLULAR INC. 100 FIRST STAMFRD,  
CITY-STATE-ZIP STAMFORD CT

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96

(203) 327-3620

CR2E034 (12/95)