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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P93000000479 (4)**

1. Corporation Name

LARSEN CELLULAR COMMUNICATIONS, INC.

Principal Place of Business

**2180 STATE RD 434 WEST
2130
LONGWOOD FL 32779
US**

Mailing Address

**2180 STATE RD 434 WEST
2130
LONGWOOD FL 32779-5009
US**

3. Date Incorporated or Qualified

12/29/1992

3a. Date of Last Report

04/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-3155855

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

**LARSEN, DAVID H
2180 STATE RD 434 WEST, STE 2130
LONGWOOD FL 32779**

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 type of officer, director, or registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ DELETE
NAME **LARSEN, DAVID H**
STREET ADDRESS **2180 STATE RD 434 WEST, STE 2130**
CITY - ST - ZIP **LONGWOOD FL**

TITLE **D** ☐ DELETE
NAME **LARSEN, HANS H**
STREET ADDRESS **1849 BAYSHORE HWY, SUITE 321**
CITY - ST - ZIP **BURLINGAME CA 94010**

TITLE **D** ☐ DELETE
NAME **SAUDER, JOHN W**
STREET ADDRESS **100 CONGRESS AVE., SUITE 1910**
CITY - ST - ZIP **AUSTIN TX 78701**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - 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 - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **970 West Broadway P.O.Box 300000 No. 499**
2.4 CITY - ST - ZIP **Jackson, WY 83001**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **1401 West Sixth Street**
3.4 CITY - ST - ZIP **Austin, TX 78703**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97

Date

(407) 862-8989

Days inc. Phone #

CR2E034 (9/96)