SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.

AMC/INT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

P93000018206 (1)

KRK CELLULAR ENTERPRISES, INC.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

90 NUS 27 PH 12: 32



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| BAYSIDE OFFICE CENTER PENTHOUSE 141 NORTHEAST THIRD AVENUE MIAMI FL 33132 | | BAYSIDE OFFICE CENTER PENTHOUSE 141 NORTHEAST THIRD AVENUE MIAMI FL 33132 | | -09/05/9601017003 ****225.00 *****225.00 | |
| | | | | Date Incorporated or Qualified 03/08/1993 | 3a, Date of Last Report 08/10/1995 |
| Principal Pla | ce of Business | 2a, Mailing Address | | 4. FEI Number | Applied For |
| | Se of Business | 26 | | APPLIED FOR | Not Applicable |
| Suite, Apt # | , etc | Suite, Apt. #, etc. | J | 5. Certificate of Status Desired | \$8.75 Additional |
| <u> </u> | | 27 | | 5. Commodition of classic Commodition | Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
|] | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | This corporation has liability for Florida Statutes | rintangible tax under si 199 032. Yes No |
| | 25 | [29] | 30 | 10. Name and Address of New F | |
| | 9. Name and Address of Curre | nt Hegistereo Agent | 81 Name | 10. 140.00 | |
| DR/ | uke, kenneth r | | | | |
| | SIDE OFFICE CENTER PENTH | | 82 Street Ad | ddress (P.O. Box Number is Not Acceptable) | |
| . 141 | NORTHEAST THIRD AVENUE | | 83 | | |
| MIA | MI FL 33132 | | | | |
| | | | 84 City | | FL 85 Zip Code |
| | 10 007 05 | 00 and 007 1509. Florido State | utos the above-named co | rporation submits this statement for the | nurroose of changing its registered |
| | o the provisions of Sections 607 collegistered agent, or both, in the State in familiar with, and accept the oblig | | | ation's board of directors. Thereby acce | pt the appointment as registered |
| CHAZUDE | | | | | |
| SIGNATURE . | | The state of the s | All - Road count Agent signature re- | ouncil when recording | DAT: |
| | Signature typica or prival Inchinal fregistered as | 7 | a) It: Rag stereit Agent's gnafure re- | | |
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| 2. ITLE | OFFICERS AF | ND DIRECTORS | 13. | | FICERS AND DIRECTORS IN 12 |
| IZ. ITLE | OFFICERS AT PD DRAKE, KENNETH R | ND DIRECTORS | 13. 11 TIFLE | | FICERS AND DIRECTORS IN 12 |
| 12. TITLE NAME STREET ADDRESS | OFFICERS AT PD DRAKE, KENNETH R 141 NE THIRD AVE., PH | ND DIRECTORS | 13. 11 TIFLE 1.2 NAME | | ICERS AND DIRECTORS IN 12 Change Add ti |
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ENNETH R DRAKE 8/22/96 375-0900 ENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR that my name appears in Bo

SIGNATURE: