

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90292 026 \*\*\*750.00

DOCUMENT # P93000018206

1. Corporation Name

KRK CELLULAR ENTERPRISES, INC.

Principal Place of Business

BAYSIDE OFFICE CENTER PENTHOUSE  
141 NORTHEAST THIRD AVENUE  
MIAMI FL 33132

Mailing Address

BAYSIDE OFFICE CENTER PENTHOUSE  
141 NORTHEAST THIRD AVENUE  
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1993

4. FEI Number

65-0762649

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4865 SW 58 Avenue

Suite, Apt. #, etc.

22 City & State

23 Fort Lauderdale, FL

Zip

24 33314

Country

25 USA

2a. Mailing Address

26 4865 SW 58 Avenue

Suite, Apt. #, etc.

27 City & State

28 Fort Lauderdale, FL

Zip

29 33314

Country

30 USA

9. Name and Address of Current Registered Agent

DRAKE, KENNETH R  
BAYSIDE OFFICE CENTER PENTHOUSE  
141 NORTHEAST THIRD AVENUE  
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 15111 Mentheith Place

84 City Miami Lakes

FL

85 Zip Code 33016

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME DRAKE, KENNETH R  
STREET ADDRESS 141 NE THIRD AVE., PH  
CITY-ST-ZIP MIAMI FL 33132

☐ DELETE

TITLE VD  
NAME SMITH, KENNETH J  
STREET ADDRESS 141 NE THIRD AVE., PH  
CITY-ST-ZIP MIAMI FL 33132

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

15111 Mentheith Place  
Miami Lakes, FL 33016

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

4865 SW 58 Ave  
Fort Lauderdale, FL 33314

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kenneth J Smith

4/21/99

954-791-4605

CR2E034 (1/98)