

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 25 AM 10:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000027221 (9)

1. Corporation Name

DISCOUNT CELLULAR PHONES AND BEEPERS, INC.

Principal Place of Business

**2641 N.E. 186TH TERRACE
N. MIAMI BEACH FL 33180**

Mailing Address

**2641 N.E. 186TH TERRACE
N. MIAMI BEACH FL 33180**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/12/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0403291

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. 199.0332,
Florida Statutes ☐ Yes ☒ No

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

10. Name and Address of New Registered Agent

**KRASNER, JULES
2641 NE 186 TERR
N. MIAMI BEACH FL 33180**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	KRASNER, JULES
STREET ADDRESS	2641 N.E. 186TH TERRACE
CITY-ST-ZIP	N. MIAMI BEACH FL 33180
TITLE	P
NAME	EGORT, MARC
STREET ADDRESS	2641 N.E. 186TH TERRACE
CITY-ST-ZIP	N. MIAMI BEACH FL 33180
TITLE	S
NAME	EGORT, LAWRENCE
STREET ADDRESS	2641 N.E. 186TH TERRACE
CITY-ST-ZIP	N. MIAMI BEACH FL 33180
TITLE	VP
NAME	KRASNER, FRAN
STREET ADDRESS	2641 NE 186 TERR
CITY-ST-ZIP	N. MIAMI BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	P.S.	☒ Change ☐ Addition
1.2 NAME	FRAN KRASNER	
1.3 STREET ADDRESS	2641 N.E. 186 TERR.	
1.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33180	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	KRASNER, JULES	
2.3 STREET ADDRESS	2641 N.E. 186 TERR	
2.4 CITY-ST-ZIP	N. MIAMI BEACH FL 33180	
3.1 TITLE	S	☒ Change ☐ Addition
3.2 NAME	EGORT, LAWRENCE	
3.3 STREET ADDRESS	RESIGNED	
3.4 CITY-ST-ZIP		
4.1 TITLE	P	☒ Change ☐ Addition
4.2 NAME	EGORT, MARC	
4.3 STREET ADDRESS	RESIGNED	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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, as required, or on an attachment with an address.

SIGNATURE:

[Signature] **JULES F. KRASNER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95 **325 935-0094**
DATE TELEPHONE