

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000028827 (2)**

1. Corporation Name

CELLULAR ACCESSORIES PLUS, INC.



Principal Place of Business

**11554 DEAN STREET
BONITA SPRINGS FL 33923**

Mailing Address

**11554 DEAN STREET
BONITA SPRINGS FL 33923**

3. Date Incorporated or Qualified
04/19/1993

3a. Date of Last Report
07/19/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
65-0431065

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

**SPARROW, MICHAEL R
11554 DEAN STREET
BONITA SPRINGS FL 33923**

81 Name

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

83

84 City

FL

85

Zip Code

10. Name and Address of New Registered Agent

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

NOTE: Registered Agent Signature required when registering.

4 22 96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SPARROW, MICHAEL R
11554 DEAN STREET
BONITA SPRINGS FL 33923** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
LESPERANCE, KATHLEEN
11554 DEAN STREET
BONITA SPRINGS FL 33923** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
ROBERTS, CHARLES
7364 GRAND CYPRESS CR. #104
NAPLES FL 33942** ☐ 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

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
PRESIDENT & TREASURY ☒ Change ☐ Addition

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
☐ Change ☐ Addition

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
VICE PRES & SECRETARY ☒ Change ☐ Addition

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP
☐ Change ☐ Addition

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP
☐ Change ☐ Addition

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96 941-495-0364

(Type)

Daytime Phone #

CR2E034 (12/95)