

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 15 1997 8:00am
Secretary of State

DOCUMENT # P93000050741

1. Corporation Name

TELECELL, INC.

Principal Place of Business

Mailing Address

890 Northern Way F-1
Winter Springs, FL 32708

3. Date Incorporated or Qualified

7/15/93

3a. Date of Last Report

7/30/96

4. FEI Number

59-3196695

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

2. Principal Place of Business

21 2789 Bruce St.

Suite, Apt. #, etc.

22 City & State

23 Matlacha, FL

Zip

24 33993

Country

25 Lee

2a. Mailing Address

26 2789 Bruce St.

Suite, Apt. #, etc.

27 City & State

28 Matlacha, FL

Zip

29 33993

Country

30 Lee

9. Name and Address of Current Registered Agent

Seemann, Ernest A., Esq.
4729 Del Prado Blvd.
Cape Coral, FL 33904-9626

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

(Type, print or typed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D/P
NAME Maschewsky, Dieter
STREET ADDRESS D-10179 Berlin, Germany
CITY-STATE-ZIP

☐ DELETE

TITLE V/D
NAME Woodruff, William
STREET ADDRESS 890 Northern Way
CITY-STATE-ZIP Winter Springs, FL 32708

☒ DELETE

TITLE S/D
NAME Schulz, Heinz
STREET ADDRESS 890 Northern Way
CITY-STATE-ZIP Winter Springs, FL 32708

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

S/D
Schulz, Heinz
2789 Bruce St.
Matlacha, FL 33993

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

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-05/29/97--01044--030
***165.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCHULZ

04.30.97

Date

341-283-6301

Daytime Phone #

CR2E034 (9/96)