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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000075676 (5)  CENTURY CELLULAR COMMUNICATIONS, INC.					
Principal Place o	of Rusiness	Mailing Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		#8/11 <b>88</b> /41 <b>10#8</b> 1 <b>8</b> 7/1 <b>0 3</b> 4/41 <b>148/60 0</b> /0/ 10 <b>0</b> /
Principal Place of Business  701 S.E. 6TH AVE. SUITE 204		701 S.E. 6TH AVE. SUITE 204 DELRAY BEACH FL 33483			
DELRAY BEAC	H FL 33483	DECHAT BEACH FL S	3403	3. Date Incorporated or Qualified	3a. Date of Last Report 05/01/1995
<u> </u>		1 On 14-75- Addison		11/02/1993 4. FEI Number	Applied For
<b>2.</b> Principal Plac	ce of Business	28. Mailing Address		65-0451371	Not Applicab
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required
2		27		6. Election Campaign Financing	
City & State		City & State		Trust Fund Contribution	\$5.00 May Be Added to Fees
3 Zip	Country	<b>28</b> Zip	Country	8. This corporation has liability for i	
4	25	29	30	Florida Statutes	s □No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New R	Registered Agent
			81 Name		
MYERS, I	MARK		82 Street Add	iress (P.O. Box Number is Not Acceptab	ble)
701 SOU	THEAST SIXTH AVENUE		L		
SUITE 20	)4		83		
DELRAY	BEACH FL 33483		84 City		FL 85 Zip Code
		on I cor 1500 Elector State	doe, the above-panied corne	pration submits this statement for the pur	urpose of changing its registered of
familiar with	n, and accept the obligations of, Se	Clion 607.0505, Florida Statute	us.	oration submits this statement for the purard of directors. I hereby accept the app	
familiar with SIGNATUREs	n, and accept the obligations of, Se Signature, typed or pricted name of registered ag-	entand title if applicable [	NOTE: Flegistered Agent signatura recum	n, o when reinstailing)	DATE
familiar with SIGNATURE	n, and accept the obligations of, Se Signature, typed or pricted name of registered ag OFFICERS A	ontactific if applicable C  ND DIRECTORS	NOTE: Forgistered Agont Segrative recount	n, o when reinstailing)	
familiar with SIGNATURE _ S	n, and accept the obligations of, Se Signature, typed or printed name of registered ago OFFICERS A	entand title if applicable [	NOTE: Flegistered Agent signatura recum	n, o when reinstailing)	DATE FICERS AND DIRECTORS IN 12
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SIGNATURE: