FROM KNAUST & VALENTE PA TO

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P94000075617 (8)

1. Corporation Name
ACCURATE CELLULAR, INC.

Principal Place of Business	Mailing Address
3052 SCHERER DR SUITE D ST PETERSBURG FL 33716	2730 CENTRAL AVENUE ST. PETERSBURG FL 33712

5. Date Incorporated or Qualified	5a. Date of Last Report
10/13/1994	6/20/96
2. Principal Place of Business 21: 3900 38th St So.	2a. Mailing Address 26:
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: St. Petersburg, FL	City & State 28:
Zip 24: 33711 Country 25: USA	Zip 29: Country 30:
4. FEI Number 59-3273678	Applied For / Not Applicable
6. Certificate of Status Desired ☐	$5.75 Additional Fee Required
8. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fee
9. This corporation was liability for intangible tax under s. 199.119, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

VALENTE, ANTHONY P JR.
2730 CENTRAL AVE
ST PETERSBURG FL 33712

10. Name and Address of New Registered Agent

31: Name
32: Street Address (P.O. Box Number is Not Acceptable)
33:
34: City FL 35: 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 _____ Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	☐ DELETE	11 TITLE	D ☒ Change ☐ Add
NAME	SAGINARIO, DANIEL J		12 NAME	Daniel Saginario
STREET ADDRESS	3052 SCHERER DR SUITE D		13 STREET ADDRESS	c/o 3900 38 St. So.
CITY-ST-ZIP	ST PETERSBURG FL 33716		14 CITY-ST-ZIP	St. Petersburg, FL 33711
TITLE	DP	☐ DELETE	21 TITLE	D,P,T ☒ Change ☐ Add
NAME	WORKINGER, THOMAS J		22 NAME	Thomas Workinger
STREET ADDRESS	3052 SCHERER DR SUITE D		23 STREET ADDRESS	3900 38 St. So.
CITY-ST-ZIP	ST PETERSBURG FL 33716		24 CITY-ST-ZIP	St. Petersburg, FL 33711
TITLE	DST	☐ DELETE	31 TITLE	D,P,P ☒ Change ☐ Add
NAME	SANDERS, PATRICK C		32 NAME	Chris Sanders
STREET ADDRESS	3052 SCHERER DR SUITE D		33 STREET ADDRESS	c/o 3900 38th St So.
CITY-ST-ZIP	ST PETERSBURG FL 33716		34 CITY-ST-ZIP	St. Petersburg, FL 33711
TITLE		☐ DELETE	41 TITLE	S ☐ Change ☒ Add
NAME			42 NAME	Jo-Anne Workinger
STREET ADDRESS			43 STREET ADDRESS	3900 38th St So.
CITY-ST-ZIP			44 CITY-ST-ZIP	St. Petersburg, FL 33711
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Add
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Add
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4185FA