

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

FILED  
Jan 27 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 # P95000006535 (5)

1. Corporation Name

CELLEX COMMUNICATIONS, INC.

Principal Place of Business

3333 S CONGRESS AVE SUITE 401  
DELRAY BEACH FL 33445

Mailing Address

3333 S CONGRESS AVE SUITE 401  
DELRAY BEACH FL 33445-7308



3. Date Incorporated or Qualified

01/25/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0551449

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

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

LEINERS, MEL  
4860 N.W. 65 AVENUE  
LAUDERHILL FL 33319

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VD  
LEINER, MEL  
4860 N.W. 65TH AVENUE  
LAUDERHILL FL 33319

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STD  
CARPIO, JAMES L  
4890 N.W. 65TH AVENUE  
LAUDERHILL FL 33319

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VD  
MARKS, DARREN  
22809 MARBELLA CIRCLE  
BOCA RATON FL 33433

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VD  
MARKS, DONALD  
5994 GLENDALE DRIVE  
BOCA RATON FL 33433

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PD  
CERNIGLIA, ANTHONY  
1242 N.W. 10TH COURT  
CORAL SPRINGS FL 33071

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)