

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

3333 S CONGRESS AVE SUITE 401
DELRAY BEACH FL 33445

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DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 4551 N. Dixie Hwy
Suite, Apt. #, etc.

22

City & State

23 Boca Raton, FL

Zip

24 33431

Country

25 USA

2a. Mailing Address

26 4551 N. Dixie Hwy
Suite, Apt. #, etc.

27

City & State

28 Boca Raton, FL

Zip

29 33431

Country

30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

4551 N. Dixie Hwy.

84 City

Boca Raton

FL

85 Zip Code

33431

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

Bruce Schames 3/27/98

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

STD
CARPIO, JAMES L
4860 N.W. 65TH AVENUE
LAUDERHILL FL 33319

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD
MARKS, DARREN
22809 MARBELLA CIRCLE
BOCA RATON FL 33433

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD
MARKS, DONALD
5994 GLENDALE DRIVE
BOCA RATON FL 33433

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

PD
Mark Bennett
17821 SkyPark Circle, Suite G
Irvine, CA 92614

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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

CR2E034 (10/97)