

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 26 1996 8:00 am
Secretary of State

DOCUMENT # P95000012369 (1)

1. Corporation Name
CELL-NET, INC.



Principal Place of Business: 2274 STATE RD 580 SUITE A CLEARWATER FL 34623
Mailing Address: 2274 STATE RD 580 SUITE A CLEARWATER FL 34623

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for additional entities.

3. Date incorporated or Qualified: 02/13/1995
3a. Date of Last Report: NA
4. FEI Number: 59-3296082
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: MANN, WILLIAM 2274 STATE RD 580 SUITE A CLEARWATER FL 34623

10. Name and Address of New Registered Agent (81-85) fields.

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 607.0506, Florida Statutes.

SIGNATURE fields for the registered agent and the corporation.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996 | |
|----------------------------|--------------------------------|-------------------------------------------------------------------|------|
| TITLE | NAME | TITLE | NAME |
| | D MANN, WILLIAM | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 2055 SUNSET POINT RD UNIT 3902 | | |
| CITY-ST-ZIP | CLEARWATER FL 34623 | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 resident or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 2 or Block 13 of this filing.

SIGNATURE: *William Mann* 3/26/96 813-420-9919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)