

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

97 AUG 15 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000039020 (9)

1. Corporation Name  
CELLULAR EXTENSIONS INC.

Principal Place of Business  
2090 S. NOVA, SUITE B-208  
S. DAYTONA FL 32119

Mailing Address  
2090 S. NOVA, SUITE B-208  
S. DAYTONA FL 32119



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/16/1995 3a. Date of Last Report 05/01/1996

4. FEI Number 59-3309732 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 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25 Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

9. Name and Address of Current Registered Agent

MARTIN, TRELANA  
2090 S. NOVA, SUITE B-208  
S. DAYTONA BEACH FL 32119

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number Not Acceptable)  
83 City  
84 Zip Code  
85  
400002271614--2  
08/19/97--01089--005  
\*\*\*\*165.00 \*\*\*\*165.00  
FL

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	P	1.1 TITLE	S.
NAME	MARTIN, TRELANA S	1.2 NAME	Roger Martin
STREET ADDRESS	352 OXUY RD	1.3 STREET ADDRESS	352 Davey Rd
CITY-ST-ZIP	S. DAYTONA FL 32119	1.4 CITY-ST-ZIP	S. Daytona FL 32119
TITLE	V	2.1 TITLE	P
NAME	VOSS, LAWRENCE	2.2 NAME	Trelana S. Martin
STREET ADDRESS	11423 WAGON RD, APT 423-A	2.3 STREET ADDRESS	352 Davey Rd
CITY-ST-ZIP	ORLANDO FL 32826	2.4 CITY-ST-ZIP	S. Daytona FL 32119
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

CR2E034 (4/97)