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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P95000052660 (4)

CELLULAR SYSTEMS COMMUNICATIONS, INC.

FILED Jan 16 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address			
1650 SANDLAKE RD. SUITE 201C	1650 SANDLAKE RD. Suite 2010		DO NO? WRITE IN THIS SPACE	
ORLANDO FL 32809	ORLANDO FL 32809			
			3. Date Incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address		07/01/1995 4. FEI Number	Applied For
21 1650 SOMPLAKE RD	26 1650 SAM	NAVE AD	59-3328449	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		-	\$8.75 Additional
22 SUITE 101	27 SUITE 10	/	5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Origino FL	28 ORLANDO	<u> </u>	1rust Fund Contribution	Added to Fees
Zip Country 24 32 807 25 USM	32101	Country	8. This corporation owes or has paid the	
24 32 807 25 USA 9. Name and Address of Cur	 _ 	00 037	Personal Properly Tax due June 30. 10. Name and Address of New Registe	Yes No
	Total Hogistolog Agolic	81 Name	IQ. Harris and Address of from Hogisto	Too Agont
MOREIRA, FERNANDO 1650 SANDLAKE RD.				
SUITE 2016 /01		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32809		B3		
OND WIDO I E SESSO				
		84 City		85 Zip Code
Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stagent. I am familiar with, and accept the of	ate of Florida. Such change was au	thorized by the corporat	tion's board of directors. Thereby accept the	appointment as registered
SIGNATURE + emals d.	lonin (Form	100 S. MOLEI	rc4 /-8- rod when reinstating) DA	97
Signature, typed or printed name of registered 12. Of FICERS	AND DIRECTORS	Registered Agent signature requir	ADDITIONS/CHANGES TO OFFICERS	
TITLE P	DELETE			
NAME MOREIRA, FERNANDO	-	1.2 NAME	IOREIRA, FERNANDO	e ini
STHEEF ADDRESS 1650 SANDLAKE RD., STE	. 201C	1.3 STREET ADDRESS /6	50 SANDLAKE KD, 37	e /0.
DITY-ST-ZIP ORLANDO FL 32809		1.4 City-St-ZiP	IOREIRA, PERNANDO 50 SANDLAKE RD, 51 ORLANDO FL 3280	7
TITLE	DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		in the second se
CITY - ST - ZIP		2 4 CITY- ST-ZIP		
TITLE	☐ DELETE	31 HILE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CHY-ST-ZIP	Distrete	3.4. CITY - \$1 - 7IP		
TITLE	L. DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		İ
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-S1-ZIP	DELETE	4.4 CITY - ST - ZW		Change Addition
TITLE NAME	L) MILLIE	5.1 TITLE 5.2 NAME		C ouguide C Vodigoti
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-SI-7IP		5.4 City-S1-ZIP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		İ
CITY-ST-ZIP		6.4 CITY - ST - ZIP		

14. Thereby 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 eath; 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.

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