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Feb 28 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 # **P95000097502 (5)**

1. Corporation Name
INDEPENDENT CELLULAR INC.

Principal Place of Business
**1083 S HIAWASSEE RD #614
ORLANDO FL 32835**

Mailing Address
**1083 S HIAWASSEE RD #614
ORLANDO FL 32835-1816**



2. Principal Place of Business

21 **2884 TENNIS CLUB DR**

Suite, Apt. #, etc.
#104

City & State
WEST PALM BCH

Zip
33417

Country
Palm Beach

2a. Mailing Address

26 **2884 TENNIS CLUB DR**

Suite, Apt. #, etc.
#104

City & State
WEST PALM BCH

Zip
33417

Country
Palm Beach

3. Date Incorporated or Qualified

12/21/1995

3a. Date of Last Report

04/19/1996

4. FEI Number

59-3352986

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

10. Name and Address of New Registered Agent

**SULLIVAN, SHAWN E
1083 S HIAWASSEE RD #614
ORLANDO FL 32835**

81 Name

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

2884 TENNIS CLUB DR #104

83

84

City **WEST PALM BCH**

FL

85

Zip Code **33417**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PVST**
STREET ADDRESS **SULLIVAN, SHAWN E.**
CITY-ST-ZIP **1083 S. HIAWASSEE ROAD, #614
ORLANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS **2884 TENNIS CLUB DR #104**
14 CITY-ST-ZIP **WEST PALM BCH FL 33417**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/97

Date

501-573-4440

Daytime Phone #

CR2E034 (9/96)