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FILED

Jan 23 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 # P95000097933 (2)

1. Corporation Name

CELL-TEL SOFTWARE SERVICES, INC.

Principal Place of Business

315 E. MADISON ST.  
SUITE 716  
TAMPA FL 33602  
US

Mailing Address

P.O. BOX 1574  
TAMPA FL 33601-1574  
US



3. Date Incorporated or Qualified  
12/21/1995

3a. Date of Last Report  
03/13/1996

4. FEI Number

59-3357030

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

WEBB, CAROL E  
220 MADISON STREET EAST  
SUITE 530  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 vice if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/97

12. OFFICERS AND DIRECTORS

TITLE V ☒ DELETE  
NAME BROWNE, MICHAEL A  
STREET ADDRESS 6010 LAKETREE LANE  
CITY-ST-ZIP TAMPA FL

TITLE V ☐ DELETE  
NAME WEBB, CAROL E  
STREET ADDRESS 4711 N. HIMES AVE., #301  
CITY-ST-ZIP TAMPA FL

TITLE V ☐ DELETE  
NAME DUKE, MICHAEL D  
STREET ADDRESS 3720 42ND AVE. SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE PRESIDENT "P"  
2.2 NAME Webb, Carol E  
2.3 STREET ADDRESS 4711 N. Himes Ave., #301  
2.4 CITY-ST-ZIP TAMPA FL ☒ Change ☐ Addition

3.1 TITLE V.S.  
3.2 NAME Duke, Michael D  
3.3 STREET ADDRESS 3720 42nd Ave S.  
3.4 CITY-ST-ZIP St. Petersburg FL ☒ Change ☐ Addition

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/97

813-228-1730

CR2E034 (9/96)