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FILED
Apr 16 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 # P96000036109 (2)

1. Corporation Name

GLOBAL CELLULAR OF FLORIDA, INC.

Principal Place of Business

Mailing Address

301 NORTH FERNCREEK AVENUE
ORLANDO FL 32803

301 NORTH FERNCREEK AVENUE
ORLANDO FL 32803-5400



3. Date Incorporated or Qualified

3a. Date of Last Report

04/25/1996

4. FEI Number

Applied For

65-0668245

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

2a. Mailing Address

21 4544 S. Semoran Blvd
Suite, Apt. #, etc.

26 4544 S. Semoran Blvd
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Orlando, FL
Zip Country

28 Orlando, FL
Zip Country

24 32822

25

29 32822

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCLARRY, GEORGE C
301 NORTH FERNCREEK AVENUE
ORLANDO FL 32803

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 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 D ☐ DELETE
NAME KWATERSKI, JEREMY
STREET ADDRESS 25 JUNIPER STREET
CITY- ST- ZIP BILLERICA MA 01821

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

2.1 TITLE M ☐ Change ☒ Addition
2.2 NAME Jared Kwaterski
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP Orlando, FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE T ☐ Change ☒ Addition
3.2 NAME Karen White
3.3 STREET ADDRESS 8007 Mobilair Dr
3.4 CITY- ST- ZIP Orlando, FL 32822

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: Karen M White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-97 407-257-3131
Date Daytime Phone #

CR2E034 (9/96)