
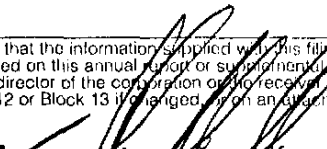


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jun 02 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 # P 960000 52749 1. Corporation Name Cellular Concepts Inc. | | | | | |
| Principal Place of Business 1871 W. Oakland Park Blvd. Ft. Lauderdale, Fl. 33311 | | | Mailing Address 1871 W. Oakland Park Blvd. Ft. Lauderdale, Fl. 33311 | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified June 20, 1996 3a. Date of Last Report June 20, 1996 4. EEI Number 65-0212444 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent Piennu Colva 105 NW 109th Ave #302 Pembroke Pines, Fl. 33026 | | | 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| 12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE] TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE] TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE] TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE] TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE] | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP [Change] [Addition] 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP [Change] [Addition] 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP [Change] [Addition] 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP [Change] [Addition] 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP [Change] [Addition] 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP [Change] [Addition] | | |
| 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 recipient 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, upon an attachment with an address. | | | 200002208482 -06/11/97--01030--021 ***165.00 4-28-97 (954)484-5700 | | |
| SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

CR2E034 (9/96)