SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



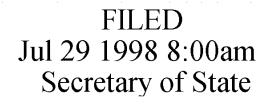
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600064675 (7)

Corporation Name	F30000004073		
SHELLULAR COM	MUNICATIONS, INC.		
	•		



SHELLU	LAR COMMUNICATIONS.	INC.			17 3 18 18 18 18 18 18 18 18 18 18 18 18 18
Principal Plac	ce of Business	Mailing Address		consider the india being being about apply point or	ING BURU ENGER BURU (BBB) BURU INGK
1671 US HIGHWAY ONE SEBASTIAN FL 32858 SEBASTIAN FL 32958			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	
				08/01/1996	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		[26]		65-0732570	Not Applicable
Suite, Apt		Suite, Apt. #, etc.	···	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25]	29]	30	Personal Property Tax due June 30.	Yes No
1115	9. Name and Address of Curr	eur veðisteted Våeut	81 Name	10. Name and Address of New Registere	a Agent
	AWAY, SABRA		OT Manie		
	1 US HIGHWAY ONE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
SEB	ASTIAN FL 32958		83	· · · · · · · · · · · · · · · · · · ·	
			84 City		85 Zip Code
44 5		200 1007 1500 51 11 01 11		F	
office or agent. I SIGNATURE				ration submits this statement for the purpose of ion's board of directors. I hereby accept the app	
	Signature, typed or printed name of registered a		DTE: Registered Agent signature req	<u> </u>	
12.	D OFFICERS A	AND DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	
NAME	HADAWAY, SABRA	DELETE	1.2 NAME		Change Addition
	1671 US HIGHWAY ONE				
STREET ADDRESS	SEBASTIAN FL 32958		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	SEBASTIAN FL 32936	DELETE	1.4 CITY-ST-ZIP 2.1 T(TLE		
NAME		CT DELETE	2.2 NAME		Change Addition
STREET ADDRESS	1		2.3 STREET ADDRESS		4
	ļ				ţ
CITY-ST-ZIP TITLE		TOELETE	3.1 TITLE		Change Addition
NAME		["] ORTELE	3.2 NAME		Charige L Addition
STREET ADDRESS			3.3 STREET ADDRESS		ì
CITY-ST-ZIP			3.4 CITY-ST-ZIP		ł
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		المان	4.2 NAME		C PRODUCTION C
STREET ADDRESS			4.3 STREET ADDRESS]
CITY-ST-ZIP			4,4 CITY-ST-ZIP		Ì
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		}
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	adify that the information assembled with	th this films close metacolife for th		tion 540 07/3\()\ Cladda Ctabitas further and	

xemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information application application application application is section 19.00 that my signature shall have the same legal effect as if made under oath; that I am specified this report as required by Chapter 607, Florida Statutes; and that my name appears I nereby certify that the information supplied much indicated on this annual report or supplemental an officer or director of the corporation or the re-in Block 12 or Block 13 if changes, or on an algo-

SIGNATURE: