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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northcutt  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 02 1997 8:00am  
Secretary of State

DOCUMENT # P96000094065 (5)

1. Corporation Name  
FLORIDA MOBILE SERVICES, INC.

Principal Place of Business

201 BISCAYNE BLVD  
20TH FLOOR  
MIAMI FL 33131

Mailing Address

201 BISCAYNE BLVD  
20TH FLOOR  
MIAMI FL 33131-4325

3. Date Incorporated or Qualified  
11/07/1996

3a. Date of Last Report  
none

2. Principal Place of Business

21 3225 Arthur Terrace  
Suite, Apt. #, etc.

2a. Mailing Address

26 3225 Arthur Terrace  
Suite, Apt. #, etc.

4. FEI Number

☒ Applied For  
☐ Not Applicable

22 City & State

23 Hollywood, FL

24 Zip Country

33021

27 City & State

28 Hollywood, FL

29 Zip Country

33021

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

9. Name and Address of Current Registered Agent

CASEY, DANIEL A  
201 BISCAYNE BLVD  
20TH FLOOR  
MIAMI FL 33131

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 (Type or printed name of registered agent and file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 President/Secretary ☐ Change ☒ Addition  
1.2 NAME Greg Whelan  
1.3 STREET ADDRESS 3225 Arthur Terrace  
1.4 CITY-ST-ZIP Hollywood, Florida 33021

2.1 TITLE Vice President/Treasurer ☐ Change ☒ Addition  
2.2 NAME Christine Whelan  
2.3 STREET ADDRESS 3225 Arthur Terrace  
2.4 CITY-ST-ZIP Hollywood, Florida 33021

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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:

GREG WHELAN, PRESIDENT

GREG WHELAN, PRESIDENT (954) 957-9377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)