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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000023684

1. Corporation		_		1 ,			
ADVANC	ED CELLULAR & PAGER, IN	C.					
•		,					
Principal Place	a of Business	Mailing Address		-	E BOURL ORDIN ÄRNIS	HARA INIB ANDI	19111 8181 1881
7237 CENTRAL	,	7237 CENTRAL AVENUE					
7237 CENTRAL		7235 CENTRAL AVE					
ST PETERSBURG FL 33710 ST PETERSBURG FL 33710			•	DO NOT W	RITE IN THIS	SPACE	
บร		U\$	•	3. Date Incorporated or Qualif	ed		
				02/26/1997			
2. Principal P	lace of Business	2a. Mailing Address	A 10	4. FEI Number 50-3	13276		plied For
$\frac{1}{21}$	55 CENTRAL AVE	26 7235 CPNTR	AL AVE	NOT APPLICABLE		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired		\$8.75 A	
22	,	27 CX1. 8 Ct-4/2 4	<u> </u>				
City & Stat	PETERSBUIG, MZ	28 ST Peloss	sug Fla	Election Campaign Financin Trust Fund Contribution	g 🗆	\$5.00 Added t	•
Zip	Country	732710 -	Couffitry SA	8. This corporation owes the c	current year Int		ГПъл
24 >2	//U 25 U3/	29 75/10 3	0 1/2/1	Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent	94 11	10. Name and Address of Ne	w Registered	Agent	
LIAD	ISHLACK, DANE G		81 Name				_
	7. CENTRAL AVENUE		82 StreetnAddre	es (P.O. Pox Number is Not Acce	eptable)		
-			100	S CENTRAL	NUE		
31 F	PETERSBURG FL 33710		83			, ,	
		_	84 City	00.000		85 Zip (Code
	and the second s		2	recusporg	FL	. 1 1 3	3710
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligation	i Florida. Such change was auti	norized by the corporatio	oration submits this statedhent for t n's board of directors. I hereby ac	the purpose of cept the appoi	changing its intment as re	registered gistered
_	m ramiliar with, and accept the obligation	ins of, 50cdoff do7.0505, Florid	a Statutes.	•			
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	egistered Agent signature required	when reinstating)	DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO	OFFICERS AN	ND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	
NAME	MARSHLACK, DANE G						Addition
STREET ADDRESS		Decere	1.2 NAME	š.		☐ Change	Addition
CITY-ST-ZIP	10022 YACHT CKLUB DRIVE	Detere		ě.		Change	Addition
	10022 YACHT CKLUB DRIVE TREASURE ISLAND FL 33706	Detere	1.2 NAME 1.3 STREET ADDRESS	#. 		□ Change	L. Addition
	10022 YACHT CKLUB DRIVE TREASURE ISLAND FL 33706	· DELETE	1.2 NAME		· 	Change	Addition Addition
TITLE			1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	4.			
TITLE NAME	TREASURE ISLAND FL 33706		1.2 NAME 1.3 STREET ADDRESS 1.4 CJTY- ST- ZIP 2.1 TITLE 2.2 NAME	4. 			
TITLE NAME STREET ADDRESS	TREASURE ISLAND FL 33706		1.2 NAME 1.3 STREET ADDRESS 1.4 CJTY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	4. 135			_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURE ISLAND FL 33706		1.2 NAME 1.3 STREET ADDRESS 1.4 CJTY- ST- ZIP 2.1 TITLE 2.2 NAME	å.	, , , , , , , , , , , , , , , , , , ,		_
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TREASURE ISLAND FL 33706	· [] DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	\$.	, , , , , , , , , , , , , , , , , , ,	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TREASURE ISLAND FL 33706	· [] DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	\$. 		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TREASURE ISLAND FL 33706	· [] DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	\$.		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURE ISLAND FL 33706	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	\$. 		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TREASURE ISLAND FL 33706	· [] DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST-ZIP 4.1 TITLE	\$. 		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TREASURE ISLAND FL 33706	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	\$. 		☐ Change	☐ Addition ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TREASURE ISLAND FL 33706	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	\$. 		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURE ISLAND FL 33706	DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	\$. 25		☐ Change ☐ Change ☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TREASURE ISLAND FL 33706	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	4.		☐ Change	☐ Addition ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME	TREASURE ISLAND FL 33706	DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	4.		☐ Change ☐ Change ☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TREASURE ISLAND FL 33706	DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CJTY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CJTY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CJTY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CJTY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	4.		☐ Change ☐ Change ☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURE ISLAND FL 33706	DELETE DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CJTY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CJTY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CJTY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CJTY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CJTY-ST-ZIP 5.5 TITLE 5.5 NAME 5.5 STREET ADDRESS 5.6 CJTY-ST-ZIP			Change Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	TREASURE ISLAND FL 33706	DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CJTY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CJTY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CJTY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CJTY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CJTY-ST-ZIP 6.1 TITLE 6.1 TITLE 6.1 TITLE			☐ Change ☐ Change ☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TREASURE ISLAND FL 33706	DELETE DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CJTY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CJTY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CJTY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CJTY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CJTY-ST-ZIP 5.5 TITLE 5.5 NAME 5.5 STREET ADDRESS 5.6 CJTY-ST-ZIP			Change Change	Addition Addition

14. I 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 of 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 chapter 607 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90056 039 ***150.00