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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000031766 (3)

CELLULAR SAFARI & TRADING COMPANY, INC.

Principal Place of Business

Mailing Address

FILED May 07 1998 8:00am Secretary of State



414 SO BROAD ST BROOKSVILLE FL 34601		414 SO BROAD ST BROOKSVILLE FL 34801			DO NOT WRITI	E IN THIS SPACE		
				1	ncorporated or Qualified 7/1997]
2. Principal Place of Business 2a. Mailing Address				4 FELNII			pplied For	1
27/204 S. Broad St. 26/204 S. 1			Broad St	/ . " ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	11100	-	lot Applicable	1
Sulte, Apt. #, etc. Suite, Apt. #, etc. 27					ate of Status Desired	\$8.75	Additional Required	1
City & State		City & State 28 Prooks ville	L FI		n Campaign Financing	\$5.00	May Be	1
Zip	Country	Z ₀ V) V O V C V V V	Country		und Contribution		to Fees	ł
24 346	0 25 9. Name and Address of Current	29 3 4601 31 Registered Agent	¬ '	Person	orporation owes or has paral al Property Tax due June and Address of New Re	30. 🔲 Yes	No No	
140	RRILL, KEVIN E	Togistored Agent	81 Name	(U, Italije	BIO ACCIDSS OF HOW HE	Alstalen Wall		1
	I SO BROAD ST							
	OOKSVILLE FL 34601	$\Box L A C$	Address (P.O. Box	Number is Not Accepted	ole) Stree	+		
	12 27		83					
	1007		84 City			FL '	Code	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes,	the above-named	corporation submi	ts this statement for the	ourpose of changing	its registered	1
agent. I a	m fam iliar with, and accept the obligat	ons of, Section 607.0505, Floric	ta Statutes.	oranon's board or	directors, i hereby acce	pt the appointment as	s registered	1
SIGNATURE								l
12.	Signature, typed or printed hards of registered agent		legistered Agent signature			DATE		6
TITLE	OFFICERS AND	DELETÉ	13. 1.1 TITLE	ADDITIC	NS/CHANGES TO OFFIC	JERS AND DIRECTOR	RS IN 12	8
NAME	MORRILL, KEVIN E		1.2 NAME			aria ilge	☐ Addition	CR2E034 (10/97
STREET ADDRESS	414 SO BROAD ST		1.3 STREET ADDRESS	1364	- 0	-1.4		용
CITY-ST-ZIP	BROOKSVILLE FL 34601		1.4 CITY-ST-ZIP	1204	5. Broad	DALGE 1		H
TITLE	D	☐ DELETE	2.1 TITLE			Change	Addition	띵
NAME	MORRILL, LYNN R		2.2 NAME		_			
STREET ADDRESS	414 SO BROAD ST		2.3 STREET ADDRESS	1204	S. Brong	/ st.		
CITY-ST-ZIP	BROOKSVILLE FL 34601		2. 4 CITY-ST-ZIP	,0.0.				
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					l
CITY+ST-ZIP			3.4. CITY - ST - ZIP					l
TITLE		☐ DELE te	4.1 TITLE			☐ Change	Addition	l
NAME			4. 2 NAME					l
STREET ADDRESS			4.3 STREET ADDRESS					l
CITY-ST-ZIP		Dr. ere	4.4 CITY - ST - ZIP					l
TITLE		DELETE	5.1 TITLE			Change	L Addition	
NAME			5.2 NAME					l
STREET ADDRESS			5.3 STREET ADDRESS					l
CITY-ST-ZIP TITLE		DELETÉ	5.4 CiTY-ST-ZiP			11000	A a arist .	l
NAME		∟J vereie	61 TRILE			L Change	☐ Addition	l
			6.2 NAME					i
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 City-St-ZiP					

4. 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 or suppliemental 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.

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4-15-98

252-5411-612