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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700089101 (4)

CELL-T	EL MONITORING, INC.	·			
Principal Plac	e of Business	Mailing Address			
220 MADISON STREET EAST 220 MADISON STREET EAST TAMPA FL 33602 TAMPA FL 33602			EAST	DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualified	
1				10/16/1997	
2. Principal F	Place of Business	2a. Mailing Address		4 FEI Number	Applied For
21		26		59-3472649	Not Applicable
Suite, Apt.	*.etc. 530	Suite \pt. #, etc.	530	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		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 c	urrent year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent
TA	YL or, J. Scott		81 Name		
2909 W BAY TO BAY BLVD SUITE 403			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
	MPA FL 33629-8177	,	Jan Olioder to	in see (1.0. Des Hamber is Not recognition)	
			83		
			04 0		
			84 City	F	85 Zip Code
SIGNATURE	Signature, typod or printed name of registered as	gent and the diapplicable (f	NOTE: Registered Agent signature req		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AF	
TITLE	PD	☐ DELET e	1.1 TITLE		Change Addition
NAME	WEBB, CAROL	_	1.2 NAME		
STREET ADDRESS	220 MADISON STREET EAST	ſ	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602	····	1.4 CITY - ST - ZIP		
TITLE	ST	DELETE	21 THTLE		Change Addition
NAME	DUKE , MIKE		2.2 NAME		
STREET ADDRESS	220 MADISON STREET EAST		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY - ST - ZIP		
TITLE		☐ DELET e	4.1 TITLE		Change Addition
NAME !			4. 2 NAME		
STREET ADDRESS					
			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TITLE NAME		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		Change Addition
TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		

14. Thereby certify that the information supplied with this filling 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 trusted 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.