

02181999-90034-001-\$150.00-\$150.00

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 # P98000008609

1. Corporation Name
SIMPLY CELLULAR, INC.

99 MAR -4 AM 11:51

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Principal Place of Business

14021 CLUBHOUSE CIRCLE
SUITE 2106
TAMPA FL 33624

Mailing Address

14021 CLUBHOUSE CIRCLE
SUITE 2106
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1998

4. FEI Number

37-0019631

Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

**6. Election Campaign Financing
Trust Fund Contribution**

☐ \$5.00 May Be
Added to Fees

**7. This corporation owes the current year Intangible
Personal Property Tax.**

☐ Yes ☐ No

2. Principal Place of Business

5903 N. Armenia Ave

2a. Mailing Address

SIMPLY CELLULAR

Suite, Apt. #, etc.

Tampa

5903 N. ARMENIA AVE.

City & State

FL 33624

City & State

TAMPA, FL 33604

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PSTD

☐ DELETE

NAME

HARRISON, PETER S

STREET ADDRESS

14021 CLUBHOUSE CIRCLE

CITY-ST-ZIP

TAMPA FL 33624

TITLE

☐ DELETE

NAME

SIMPLY CELLULAR

STREET ADDRESS

5903 N. ARMENIA AVE.

CITY-ST-ZIP

TAMPA, FL 33604

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

☐ Change ☐ Addition

1.1 TITLE

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

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

Peter S. Harrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99

813-690-7032

Date

Daytime Phone #

CR2E034 (11/98)