

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 # P98000024257 1. Corporation Name CELLULAR ONE, INC.			
Principal Place of Business 23018 DOVER DRIVE LAND O LAKES FL 34639		Mailing Address 23018 DOVER DRIVE LAND O LAKES FL 34639	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
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	
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: <i>[Signature]</i> DATE: 6-26-1999			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE] [DELETE] [DELETE] [DELETE] [DELETE] [DELETE] [DELETE] [DELETE]		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP [Change] [Addition] 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP [Change] [Addition] 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP [Change] [Addition] 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP [Change] [Addition] 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP [Change] [Addition] 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP [Change] [Addition]	

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



4/20/99 90302/036 \$150.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/16/1998	
4. FEI Number 59-3551380	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

81 Name John D King	82 Street Address (P.O. Box Number is Not Acceptable) 23018 Dover Dr	83 Land O Lakes	84 City FL	85 Zip Code 34639
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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]* DATE: 6-26-1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	[Change] [Addition]
NAME	KING, EILEEN M	1.2 NAME	
STREET ADDRESS	23018 DOVER DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O LAKES FL 34639	1.4 CITY-ST-ZIP	
[DELETE]	[DELETE]	2.1 TITLE	[Change] [Addition]
[DELETE]	[DELETE]	2.2 NAME	
[DELETE]	[DELETE]	2.3 STREET ADDRESS	
[DELETE]	[DELETE]	2.4 CITY-ST-ZIP	
[DELETE]	[DELETE]	3.1 TITLE	[Change] [Addition]
[DELETE]	[DELETE]	3.2 NAME	
[DELETE]	[DELETE]	3.3 STREET ADDRESS	
[DELETE]	[DELETE]	3.4 CITY-ST-ZIP	
[DELETE]	[DELETE]	4.1 TITLE	[Change] [Addition]
[DELETE]	[DELETE]	4.2 NAME	
[DELETE]	[DELETE]	4.3 STREET ADDRESS	
[DELETE]	[DELETE]	4.4 CITY-ST-ZIP	
[DELETE]	[DELETE]	5.1 TITLE	[Change] [Addition]
[DELETE]	[DELETE]	5.2 NAME	
[DELETE]	[DELETE]	5.3 STREET ADDRESS	
[DELETE]	[DELETE]	5.4 CITY-ST-ZIP	
[DELETE]	[DELETE]	6.1 TITLE	[Change] [Addition]
[DELETE]	[DELETE]	6.2 NAME	
[DELETE]	[DELETE]	6.3 STREET ADDRESS	
[DELETE]	[DELETE]	6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: *[Signature]* Eileen M King 4-15-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)