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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000033821 1. Corporation Name ADVANTAGE CELLULAR, INC.					
Principal Place of Business 4956 NORTHWEST 105 DRIVE CORAL SPRINGS FL 33067			Mailing Address 4956 NORTHWEST 105 DRIVE CORAL SPRINGS FL 33067		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/14/1998 4. FEI Number 65-0828994 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 checked="" type="checkbox"/> No	
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 Stephen Latchman 82 Street Address (P.O. Box Number is Not Acceptable) 4956 NW 105 Dr. 83 84 City Coral Springs FL 85 Zip Code 33067		
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  DATE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	PS		1.1 TITLE		
NAME	LATCHMAN, STEPHEN		1.2 NAME		
STREET ADDRESS	4956 NORTHWEST 105 DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33067		1.4 CITY-ST-ZIP		
TITLE	VD		2.1 TITLE		
NAME	LATCHMAN, PHILLIP		2.2 NAME		
STREET ADDRESS	4956 NORTHWEST 105 DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33067		2.4 CITY-ST-ZIP		
TITLE	T		3.1 TITLE		
NAME	BOTERO, RICHARD		3.2 NAME		
STREET ADDRESS	4956 NORTHWEST 105 DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33067		3.4 CITY-ST-ZIP		
TITLE			4.1 TITLE		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE			5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE			6.1 TITLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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:  DATE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)