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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000045257

1. Corporation Name

CELLCITY COMMUNICATIONS, INC.

CLLLOIT	1 COMMUNICATIONS, 1					
Principal Place	of Business	Mailing Address				"
5600 W. COLON ORLANDO FL 33	iial dr. Ste. 308 2808	5600 W. COLONIAL D ORLANDO FL 32808)r. Ste. 308			
•						3. Date I
2. Principal Pla	ace of Business	2a. Mailing Address		_		4. FEI N
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Suite, Apt. #	#, etc.	Suite, Apt. #, etc				5. Certifo
City & State	المستعد الرجاك فالتنهيم بالتشكير	- City & State =				6. Election
Zip	Country	Zip	Co	untry		8. This c
24	25	29	30	_		Perso
	9. Name and Address of Cu	rrent Registered Agent	_	Ι.		10. Name
MOR	IMOTO, TOMOMI			81	Name	
5600	W. COLONIAL DR. STE. 3	82	Street Add	ress (P.O. Bo		
ORLA	ANDO FL 32808			83		

FILED Apr 23, 1999 8:00 am Secretary of State

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 2a. Mailing Address 4. FEI Number 5. Certifcate of Status Desired Fee Required 5. Certifcate of Status Desired Fee Required Fee Required State For Day Be Added to Fees Applied For Not Applicable State Fee Required Fee Required Status Desired Fee Required Fee R	•					j	3. Date Incorporated or Qualifed					
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Suite, Apt. 8, etc. Suite, Apt. 8, etc. 27	2. Principal Place of Business		2a	2a. Mailing Address		Ī	4. FEI Number 3 - 12 / 25			Applied For		
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22 27 City & State City & State State City & State	Suite, Apt. i	#, etc.		Suite, Apt. #, etc.			5 Certificate of Status Desired	7	•	I .		
City & State	27							J. Certificate of Status Desires	<u> </u>	Fee Required		
Zip				~ City & State	and the second		~ - "	6. Election Campaign Financing	۰۰۰۰۰۰	\$5.00	May Be	
AND THE PROPERTY TAX. 9. Name and Address of Current Registered Agent MORIMOTO, TOMOMI 5600 W. COLONIAL DR. STE. 308 ORLANDO FI. 32808 133 144 155 157 158 158 158 158 158 158	23		28					Trust Fund Contribution		Added	to Fees	
9. Name and Address of Current Registered Agent MORIMOTO, TOMOMI 5500 W. COLONIAL DR. STE. 308 ORLANDO FL 32808 14. City FL 85 Zip Code 14. 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 agent. In minimize with, and accept the obligations of, Section 70.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In minimize with, and accept the obligations of, Section 07.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In minimize with, and accept the obligations of, Section 07.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In minimize with, and accept the obligations of, Section 07.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In minimize with, and accept the obligations of, Section 07.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In minimize with, and accept the obligations of Section 07.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In minimize with and accept the obligation of the purpose of changing its registered agent. In minimize with and accept the obligation of the purpose of changing its registered agent. In minimize with an accept the obligation of the purpose of changing its registered agent. In minimize with an accept the obligation of the purpose of changing its registered agent. In minimize with a purpose of changing its registered agent. In minimize with a purpose of changing its registered agent. In minimize with a purpose of changing its registered agent. In minimize with a purpose of changing its registered agent. I	Zip	Country	L	Zip	Country		- 1					
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	14. I hereby o	certify that the information supplied with	this t	filing does not qualify for				in Sec	tion 119.07(3)(i), Florida Statutes. I fur	ther certi	fy that the	e 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.