

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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90289 050 \*\*\*150.00

DOCUMENT # P98000085316

1. Corporation Name

ADVANTAGE PAGING & CELLULAR OF POINCIANA, INC.

Principal Place of Business

863 TOWNE CENTER DRIVE  
POINCIANA FL 34759

Mailing Address

863 TOWNE CENTER DRIVE  
POINCIANA FL 34759

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1998

4. FEI Number

59-3536633

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

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes ☐ No ☒

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1325 E. Vine St.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

29 Country

30 34744 U.S.A.

9. Name and Address of Current Registered Agent

FISHER, MICHELLE  
863 TOWNE CENTER DRIVE  
POINCIANA FL 34759

10. Name and Address of New Registered Agent

81 Name

Karl J. Fisher

82 Street Address (P.O. Box Number is Not Acceptable)

1325 E. Vine St.

83

84 City

Kissimmee

85 Zip Code

FL 34744

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 reinstating)

DATE

PRESIDENT

16TH APRIL 99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
FISHER, KARL J  
STREET ADDRESS  
1325 E VINE ST  
CITY-ST-ZIP  
KISSIMMEE FL 34744

TITLE ☒ DELETE

NAME  
FISHER, MICHELLE  
STREET ADDRESS  
1325 E VINE ST  
CITY-ST-ZIP  
KISSIMMEE FL 34744

TITLE ☐ DELETE

NAME  
FISHER, MICHELLE  
STREET ADDRESS  
1325 E VINE ST  
CITY-ST-ZIP  
KISSIMMEE FL 34744

TITLE ☐ DELETE

NAME  
FISHER, MICHELLE  
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TITLE ☐ DELETE

NAME  
FISHER, MICHELLE  
STREET ADDRESS  
1325 E VINE ST  
CITY-ST-ZIP  
KISSIMMEE FL 34744

TITLE ☐ DELETE

NAME  
FISHER, MICHELLE  
STREET ADDRESS  
1325 E VINE ST  
CITY-ST-ZIP  
KISSIMMEE FL 34744

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
Fisher, Karl J.  
1.3 STREET ADDRESS  
1325 E. Vine St.  
1.4 CITY-ST-ZIP  
Kissimmee, FL 34744

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME  
James Li  
3.3 STREET ADDRESS  
11811 Hatcher Circle  
3.4 CITY-ST-ZIP  
Orlando, FL 32834

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16TH APRIL 99

407 931 2468

Date

Daytime Phone #

CR2E034 (11/98)