

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90030 041 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S18858

1. Corporation Name
QUALITY CELLULAR COMMUNICATIONS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2100 ELECTRONICS LANE
 FT. MYERS FL 33912**

Mailing Address
**2100 ELECTRONICS LANE
 FT. MYERS FL 33912**

3. Date Incorporated or Qualified
12/17/1990

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 23 City & State
 24 Zip 25 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip 29 Country 30

4. FEI Number
65-0234605

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	DWYER, JAMES A., JR.	
STREET ADDRESS	2100 ELECTRONICS LANE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DWYER, JAMES A I	
STREET ADDRESS	2100 ELECTRONICS LANE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TANNENBAUM, FREDRIC D	
STREET ADDRESS	222 N LA SALLE ST	
CITY-ST-ZIP	CHIGAGO IL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	HEATH, PATRICIA	
STREET ADDRESS	2100 ELECTRIC LN	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DWYER, JOHN A	
STREET ADDRESS	2100 ELECTRIC LANE	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dwyer, James A., III
2.3 STREET ADDRESS	2100 Electronics Lane
2.4 CITY-ST-ZIP	Fort Myers, FL 33912
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

4/27/99
 941-489-1600
 Date Daytime Phone #

CR2E034 (11/98)