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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S37109

CELTRONIX BEEPERS AND CELLULAR COMMUNICATIONS, I

Principal Place of Business Mailing Address 86 N UNIV DR AR IN LIMIT DR PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024-6730 3. Date Incorporated or Qualified 3a. Date of Last Report 03/12/1991 02/12/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0250232 26 Not Applicable Suite, Apl. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Country Zip Country Zip This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 🗀 No 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SOCARRAS, ANIE D. 68 N. UNIVERSITY DRIVE Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33024 83 City 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) (96/6)12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD ■ DELETE 1.1 TITLE Change ___ Addition TITLE SOCARRAS, IRAN 1.2 NAME 2E634 NAME 68 N. UNIVERSITY DRIVE STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 1.4 CITY - ST - ZIP CHY-S1-20 DELETE 2.1 TITLE Change Addition SOCARRAS, ANIE 2.2 NAME NAME **68 NORTH UNIVERSITY DRIVE** STREET ADDRESS 2.3 STREET ADDRESS PEMBROKE PINES FL 2. 4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change 3.1 TITLE Addition THEF 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-SI-7P ■ DELETE Addition 4.1 TITLE Change THILE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZP DELETE Change. Addition 5.1 TIME TITLE NAME 5.2 NAME **5 3 STREET ADDRESS** STEEL ADORESS 54 City-St-ZiP CHY-51-20 DELETE Change Addition TITLE 61 TITLE NAME 6 2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

14. I do hereby certify that the information supplied with this filing does not dealify 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 I am an officer or director of the corporation or the receiver or truster ampowered 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.

the legal effect as if made under oath; that florida Statutes; and that my name

FILED

May 21 1997 8:00am

Secretary of State