


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

FILED
May 12 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **S37109** (3)
1. Corporation Name
**CELTRONIX BEEPERS AND CELLULAR COMMUNICATIONS, I
NC.**

| | |
|---|---|
| Principal Place of Business 68 N UNIV DR PEMBROKE PINES FL 33024 US | Mailing Address 68 N UNIV DR PEMBROKE PINES FL 33024 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|--|--|
| 2. Principal Place of Business 21 5301 SW 198 Terr. Suite, Apt. #, etc. 22 City & State 23 Ft. Lauderdale, FL Zip Country 24 33332 25 US | | 2a. Mailing Address 26 5301 SW 198 Terr. Suite, Apt. #, etc. 27 City & State 28 Ft. Lauderdale, FL Zip Country 29 33332 30 US | | 3. Date Incorporated or Qualified 03/12/1991 | |
| | | 4. FEI Number 65-0250232 | | 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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | |
|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent SOCARRAS, ANIE D. 68 N. UNIVERSITY DRIVE PEMBROKE PINES FL 33024 | | | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 5301 SW 198 Terr. 83 84 City Ft. Lauderdale FL 85 Zip Code 33332 | |
|--|--|--|--|--|--|

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

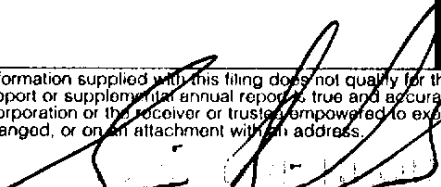
(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | | | | | |
|---------------------------------|---------------------------|---------------------------------|--|--|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| <input type="checkbox"/> DELETE | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE | PD | | | 1.1 TITLE | | | |
| NAME | SOCARRAS, IRAN | | | 1.2 NAME | | | |
| STREET ADDRESS | 68 N. UNIVERSITY DRIVE | | | 1.3 STREET ADDRESS | 5301 SW 198 Terr. | | |
| CITY-ST-ZIP | PEMBROKE PINES FL | | | 1.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33332 | | |
| TITLE | V | | | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SOCARRAS, ANIE | | | 2.2 NAME | | | |
| STREET ADDRESS | 68 NORTH UNIVERSITY DRIVE | | | 2.3 STREET ADDRESS | 5301 SW 198 Terr. | | |
| CITY-ST-ZIP | PEMBROKE PINES FL | | | 2.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33332 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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 supplementary 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.

SIGNATURE:



3/23/98 (734) 484-0720

CP2E034 (10/97)