


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

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S72521** (5)  
1. Corporation Name  
**CELL-TEL INTERNATIONAL, INC.**



Principal Place of Business <b>10321 FORTUNE PKWY STE #200 JACKSONVILLE FL 32256 US</b>	Mailing Address <b>10321 FORTUNE PKWY STE #200 JACKSONVILLE FL 32256 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/08/1991</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-3079444</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	29 Country	30		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

**WILSON, ELIZABETH A.  
10321 FORTUNE PKWY  
#200  
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature typed or printed name of registered agent and title if applicable

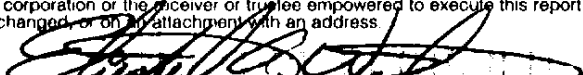
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P, D
NAME	WILSON, ELIZABETH A.	1.2 NAME	
STREET ADDRESS	10321 FORTUNE PKWY, #200	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	V, S, D
NAME		2.2 NAME	Colin Mead
STREET ADDRESS		2.3 STREET ADDRESS	2207 Wood Hill Place
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE		3.1 TITLE	V, T, D
NAME		3.2 NAME	Rebecca Bulmer
STREET ADDRESS		3.3 STREET ADDRESS	409 Virgo Ln.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Orange Park, FL 32073
TITLE		4.1 TITLE	D,
NAME		4.2 NAME	Michael J. Starling
STREET ADDRESS		4.3 STREET ADDRESS	1649 University Blvd, W #A
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Jacksonville, FL 32217
TITLE		5.1 TITLE	D
NAME		5.2 NAME	Chris Scully
STREET ADDRESS		5.3 STREET ADDRESS	8101 Phillips Hwy #18
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE		6.1 TITLE	
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 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.

SIGNATURE



4/30/98

(904) 363-1111

CP2E034 (10/97)