

4-7-98 B-4247 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 07 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 # S86228 (1)
1. Corporation Name
AUDIO CELLULAR EXPERTS, INC.



Principal Place of Business 100 NORTH TAMPA STREET 2150 TAMPA FL 33602 US	Mailing Address 100 NORTH TAMPA STREET 2150 TAMPA FL 33602 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1901 N. 13TH STREET Suite, Apt. #, etc. 22 100 City & State 23 TAMPA FL Zip Country 24 33605 25	2a. Mailing Address 26 1901 N. 13TH STREET Suite, Apt. #, etc. 27 100 City & State 28 TAMPA FL Zip Country 29 33605 30	3. Date Incorporated or Qualified 10/08/1991 4. FEI Number 59-3088662 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
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9. Name and Address of Current Registered Agent

STANTON, JOHN D
100 NORTH TAMPA STREET, SUITE 2150
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name STANTON, JOHN D. 82 Street Address (P.O. Box Number is Not Acceptable) 1901 N. 13TH STREET, SUITE 100 83 84 City TAMPA FL 85 Zip Code 33605
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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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANTON, JOHN D.	1.2 NAME	
STREET ADDRESS	100 NORTH TAMPA STREET, SUITE 2150	1.3 STREET ADDRESS	1901 N. 13TH STREET, SUITE 100
CITY-ST-ZIP	TAMPA FL 33602	1.4 CITY-ST-ZIP	TAMPA, FL 33605
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		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		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		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		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 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:

JOHN STANTON 3/23/98 8/12/97-1957

CR2E034 (10/97)