

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90001 045 \*\*\*150.00

DOCUMENT # S86228

1. Corporation Name  
AUDIO CELLULAR EXPERTS, INC.



Principal Place of Business

1901 N. 13TH ST  
SUITE 100  
TAMPA FL 33605  
US

Mailing Address

1901 N. 13TH STREET  
SUITE 100  
TAMPA FL 33605  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1991

2. Principal Place of Business

21 36911 S.R. 54 WEST

Suite, Apt. #, etc.

22 ZEPHYRHILLS, FL.

City & State

23 33541 USA

Zip

Country

24

25

2a. Mailing Address

26 SAME AS #2

Suite, Apt. #, etc.

27 City & State

28 City & State

Zip

Country

29

30

4. FEI Number

59-3088662

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$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

STANTON, JOHN D  
1901 N. 13TH STREET, SUITE 100  
TAMPA FL 33605

10. Name and Address of New Registered Agent

81 Name

ROGERS, STEVEN T.

82 Street Address (P.O. Box Number is Not Acceptable)

36911 S.R. 54 WEST

83

84

City ZEPHYRHILLS

FL

85 Zip Code

33541

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

1/14/99

12. OFFICERS AND DIRECTORS

TITLE PT ☒ DELETE  
NAME STANTON, JOHN D.  
STREET ADDRESS 1901 N. 13TH ST, SUITE 100  
CITY-ST-ZIP TAMPA FL 33605

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition  
1.2 NAME STEVEN T. ROGERS  
1.3 STREET ADDRESS 5334 BERNADETTE DR.  
1.4 CITY-ST-ZIP ZEPHYRHILLS, FL. 33541

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/99 813-780-8868

CR2E034 (11/98)

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