

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S96119 (0)

1. Corporation Name

MOBILE COMMUNICATION SYSTEMS INC.



Principal Place of Business

Mailing Address

14497 NO. DALE MABRY  
105  
TAMPA FL 33618

10352 CARROLLWOOD LANE  
SUITE 193  
TAMPA FL 33618

3. Date Incorporated or Qualified  
11/22/1991

3a. Date of Last Report  
08/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number  
59-3090486

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

MCDANIEL, WILLIAM MARTIN  
10352 CARROLLWOOD LANE  
SUITE 193  
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 re-registering)

Date

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME MCDANIEL, WILLIAM MARTIN  
STREET ADDRESS 10352 CARROLLWOOD LANE  
CITY - ST - ZIP TAMPA FL

DELETE

TITLE DVT  
NAME KRAUS, JAMES R.  
STREET ADDRESS 4505 HESPERIDES AVE. SO.  
CITY - ST - ZIP TAMPA FL 33611

DELETE

TITLE DS  
NAME ARMOUR, KIM  
STREET ADDRESS 10352 CARROLLWOOD LANE  
CITY - ST - ZIP TAMPA FL 33618

DELETE

TITLE D  
NAME SCOTT, JOHN  
STREET ADDRESS 10710 WINGATE DR.  
CITY - ST - ZIP TAMPA FL 33624

DELETE

TITLE D  
NAME TRAYNER, TY  
STREET ADDRESS 1010 E. PLATT ST.  
CITY - ST - ZIP TAMPA FL 33602

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section \*19.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*James R. Kraus*  
JAMES R. KRAUS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-96 (813) 962-7144  
Date Daytime Phone