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

PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

**FILED** 

May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S96119

(0)

MOBILE COMMUNICATION SYSTEMS INC.

2. Principal Place of Fusiones 2. Residence of Fusiones 2. Residence of Fusiones 3. Residence of	Principal Place 14497 NO. DAL 105	E MABRY	Mailing Address 10352 CARROLLWOOD L SUITE 193		{			
22	TAMPA FL 33618-4719							
Suite. Apt #, etc.    Suite. Apt #, etc.   Suite.   Suite. Apt #, etc.   Suite.	2. Principal P	lace of Business	2s. Mailing Address				1 00,00, 10	
Country   Coun	21		26			59-3090486		Not Applicable
27   City & State   Trust Fund Contribution   St.00 May Pe Added to Fees   Added to	Suite, Apt.	#, etc.	j			5. Certificate of Status Desired	, ,	_
797   Country   Zep   Country   Zep   Country   Zep   Second   Second   Country   Zep   Second   Second   Country   Zep   Second   Second				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	····			
29   Country   Zip   Sol   Country   Zip   Sol   Country   Sol   Country   Sol   Country   Sol   Country   Sol   Country   Sol   Sol	<del></del> _	ę	<del>                                      </del>					
Part								
MCDANIEL WILLIAM MARTIN 10352 CARROLLWOOD LANE SUITE 193 TAMPA FL 33618  58		25	<del> </del>	30	•	la l		
NUCLAMIELY, WILLIAM MARTIN 10352 CARROLLWOOD LANE SUITE 193 TAMPA FL 33618  82 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  84 City FL 85 Zip Code  85 Zip Code  86 City FL 85 Zip Code  86 City FL 85 Zip Code  87 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code		9. Name and Address of Current	t Registered Agent			10. Name and Address of New Re	gistered Agent	
SUITE 193 TAMPA FL 33818  44 City FL 85 Zip Code  11. Purcount to the provisions of Sections 507 05.02 and 607 15.00, Florida Statutes, the above-named corporation submite this statement for the purpose of changing its registered agent a registered agent and accept the obligations of Section 607 05.05, Florida Statutes, the above-named corporation submite this statement for the purpose of changing its registered agent and accept the obligations of Section 607 05.05, Florida Statutes, the above-named corporations submit this statement for the purpose of changing its registered agent and accept the obligations of Section 607 05.05, Florida Statutes, the above-named corporations submit this statement for the purpose of changing its registered agent and accept the obligations of Section 607 05.05, Florida Statutes, the above-named corporations submit this statement for the purpose of changing its registered agent agent and accept the obligations of Section 607 05.05, Florida Statutes, the above-named corporations submit this statement for the purpose of changing its registered agent ag	MCD	DANIEL, WILLIAM MARTIN			81 Name			
SUTE 193					82 Street Add	Address (P.O. Box Number is Not Acceptable)		
Section   Sect	• • • • • • • • • • • • • • • • • • • •							
The Pursuant to the provisions of Socions 607 0502 and 607 1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 for furnitar with, and accept the obligations of, Section 607 0505, Fiorida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. TITLE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. OFFICERS AND DIRECTORS IN 12  17. TAMPA F. 1. STREET ADDRESS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  10. ADDITIONS/CHANGES TO OFFICERS AND DI	TAM	IPA FL 33618			B3			
1. Pursuant to the provisions of Socions 607,0502 and 607,1508, Ficrida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 and such accept the occlipations of, Section 607,0505, Florida Statutes, agent I are familiar with, and accept the occlipations of, Section 607,0505, Florida Statutes, agent I are familiar with, and accept the occlipations of, Section 607,0505, Florida Statutes, agent I are familiar with, and accept the occlipations of, Section 607,0505, Florida Statutes, agent I are familiar with, and accept the occlipations of, Section 607,0505, Florida Statutes, agent I are familiar with, and accept the occlipations of, Section 607,0505, Florida Statutes, agent I are familiar with, and accept the occlipations of the section 607,0505, Florida Statutes, agent I are familiar with, and accept the occlipations of the section 607,0505, Florida Statutes, agent I are familiar with, and accept the occlipations of the section 607,0505, Florida Statutes, agent I are familiar with, and accept the occlipations of the section 607,0505, Florida Statutes, agent I are familiar with, and accept the occlipations of the section 607,0505, Florida Statutes, agent I are familiar with, and accept the occlipations of the section 607,0505, Florida Statutes, agent I are familiar with and accept the occlipations of the provision of the pr					84 City		85	Zip Code
office or registrorid 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 and accept the obligations of, Section 607, 0505, Piorida Statutes.  SIGNATURE  12. OFFICE RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DP							FL	
12	11. Pursuant office or r agent 1 a	to the provisions of Sections 607.0502 registered agent, or both, in the State in familiar with, and accept the obliga	2 and 607.1508, Florida Stati of Florida. Such change was itions of, Section 607.0505, F	utes, the at authorize Torida Stat	pove-named cor d by the corpora utes.	poration submits this statement for the patients board of directors. I hereby accep	urpose of changi of the appointmen	ng its registered it as registered
12.	SIGNATURE			WIT FI			OPTE	
THE	12				Agent argulature rect			TORS IN 12
NAME   MCDANIEL, WILLIAM MARTIN   12 NAME   13 STREET ADRIESS   14 CITY-ST-ZP   15 CITY-ST-Z					LE .	1,001,701,010,011,100,010		
10352 CARROLLWOOD LANE		_ <del></del> -		1.2 N	IME			
THE	STREET ADDRESS		•	135	REET ADDRESS			
NAME   KRAUS, JAMES R.   22 NAME	CITY-ST-7@	TAMPA FL		1.4 CI	TY-ST-ZIP			Ì
STREET ADDRESS   DELETE   DELETE   DELETE   DELETE   DELETE   DELETE   DELETE   DELETE   ADDRESS   DELETE   ADDRESS   DELETE	TELE	DVT	DELETE	2.1 1	'LE		Cha	nge Addition
TAMPA FL 33811	NAME	KRAUS, JAMES R.		2.2 N	ME .			
DELETE   31 TITLE   Change   Addition	STREET ADDRESS	4505 HESPERIDES AVE. SO.		2.3 51	REET ADDRESS			
NAME	CHY-S1-ZIP			2.40	ITY-ST-ZIP			
10352 CARROLLWOOD LANE	THILE	•		3.1 11	[LE		Cha	nge 🛄 Addition
TAMPA FL 33618   34 CITY-ST-ZIP	NAME	1 -						į
DELETE	STREET ADDRESS			3.3 \$	REET ADORESS			
NAME   SCOTT, JOHN   4 2 NAME			17					A 4314
10710 WINGATE DR.   1.3 STREET ADDRESS   1.0 TIVE		=	L_J DELETE				Cha	TIGE L_J AGGILION
TAMPA FL 33624				1	ī			
TITLE		1 10 11 11 11 11 11 11 11 11 11 11 11 11						
TRAYNER, TY   5.2 NAME     1010 E. PLATT ST.   5.3 STREET ADDRESS     1010 E. PLATT ST.   5.4 CITY-ST-ZIP     1010 E. PLATT ST.   1010 E. PLATT			T nei ete				I Cha	nge Addition
1010 E. PLATT ST.   5.3 STREET ADDRESS   TAMPA FL 33602   5.4 CITY-ST-ZIP		-					الله الله	når 🗖 Vanstoll
TAMPA FL 33602   5.4 ()TY-ST-ZIP				1	Υ			
THEF DELETE 6.1 TITLE Change Addition  NAME  STREET ADDRESS  6.2 NAME  6.3 STREET ADDRESS					ı			
NAME STREET ADDRESS 6.2 NAME 6.3 STREET ADDRESS		IAMITA FL SOUL	DELETE				Cha	nge Addition
STREET ADDRESS 63 STREET ADDRESS			F-1 OLLLIE				L., Olic	Ro [] \tou\in\in\i
					l l			
	CITY-ST-ZIP				Į.			

14. I do 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