

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

ANNUAL REPORT  
1995



STATE OF FLORIDA  
DEPARTMENT OF REVENUE

APPROVED  
AND  
FILED

95 MAR -1 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V39682 (2)

CELLULAR PLUS OF FARGO, INC.

Principal Place of Business: 370 WOOD DALE DR WELLINGTON FL 33414  
Mailing Address: 370 WOOD DALE DR WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/29/1992	3a. Date of Last Report 03/04/1994
4. FEI Number 65-0336560	Applied For <input type="checkbox"/> 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 has liability for intangible tax under S. 199.012, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	25. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country
--	--

9. Name and Address of Current Registered Agent

DOMENCICH, THOMAS A  
370 WOOD DALE DR  
WELLINGTON FL 33414

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 607.0702 and 607.1509, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

101. NAME	D DOMENCICH, THOMAS A
102. STREET ADDRESS	370 WOOD DALE DR
103. CITY-STATE-ZIP	WELLINGTON FL
104. NAME	
105. STREET ADDRESS	
106. CITY-STATE-ZIP	
107. NAME	
108. STREET ADDRESS	
109. CITY-STATE-ZIP	
110. NAME	
111. STREET ADDRESS	
112. CITY-STATE-ZIP	
113. NAME	
114. STREET ADDRESS	
115. CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-STATE-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-ZIP	

14. I hereby certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 140.07(9)(d), Florida Statutes. I have verified that the information included 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 by the person named in Block 12 or Block 13 of a change of, or an appointment with, an address.

SIGNATURE: *Thomas A. Domencich* Thomas A. Domencich 2/23/95 407-790-2082