FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V43445** **(8)**

1. Corporation Name

CELLULAR RENTALS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2300 W SAMPLE ROAD SUITE 200 POMPANO BEACH FL 33073	2300 W SAMPLE ROAD SUITE 200 POMPANO BEACH FL 33073

2. Principal Place of Business	2a. Mailing Address
21 2301 W. SAMPLE RD	26 2301 W. SAMPLE RD.
Suite, Apt. #, etc. 22 BLDG. 3, SUITE 3-A	Suite, Apt. #, etc. 27 BLDG. 3, SUITE 3-A
City & State 23 POMPANO BEACH, FL	City & State 28 POMPANO BEACH, FL
Zip 24 33073 Country 25	Zip 29 33073 Country 30

3. Date Incorporated or Qualified: **06/12/1992**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **65-0341794** ☐ 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

FISHMAN, ALAN S
2300 W SAMPLE ROAD
SUITE 202
POMPANO BEACH FL 33073

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2301 W. SAMPLE RD.
83 BLDG. 3, SUITE 3-A
84 City POMPANO BEACH FL 85 Zip Code 33073

11. Pursuant to the provisions of Section 607.0502 and 607.1605, 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 duties of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☒ Change ☐ Addition
NAME	SELESNICK, LOUIS		12 NAME	
STREET ADDRESS	2300 W SAMPLE RD, #200		13 STREET ADDRESS	2301 W. SAMPLE RD, BLDG 3, SUITE 3A
CITY-ST-ZIP	POMPANO BEACH FL		14 CITY-ST-ZIP	POMPANO BEACH, FL 33073
TITLE		☐ DELETE	21 TITLE	D ☐ Change ☒ Addition
NAME			22 NAME	LOIS JAMISON
STREET ADDRESS			23 STREET ADDRESS	2301 W. SAMPLE RD., BLDG 3, SUITE 3A
CITY-ST-ZIP			24 CITY-ST-ZIP	POMPANO BEACH, FL 33073
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is correctly furnished and 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: Lois Jamison LOIS JAMISON 4-10-96 954/968-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #