

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PM 1:37

DOCUMENT # **V58249** (6)

1. Corporation Name
TEC CELLULAR, INC.

Principal Place of Business Mailing Address
7619 EMERALD DRIVE 7619 EMERALD DRIVE
W. MELBOURNE FL 32904 W. MELBOURNE FL 32904
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/14/1992** 3a. Date of Last Report **01/20/1994**

4. FEI Number **59-3141484** 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

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

MITCHELL, BRUCE A.
1825 S. RIVERVIEW DRIVE
MELBOURNE FL 32901

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 after recording)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DV
NAME	FOOSE, WILLIAM A.
STREET ADDRESS	2270 PLANTATION DRIVE
CITY - ST - ZIP	MELBOURNE FL
TITLE	DP
NAME	SAKAYAMA, LARRY K.
STREET ADDRESS	504 CARRIAGE RD.
CITY - ST - ZIP	INDIAN HARBOR BEACH FL
TITLE	DT
NAME	SMITH, CLIFFORD
STREET ADDRESS	102 S. MANOR AVENUE
CITY - ST - ZIP	TITUSVILLE FL
TITLE	DV
NAME	WILLIAMSON, JOEL
STREET ADDRESS	507 CARRIAGE RD.
CITY - ST - ZIP	INDIAN HARBOR BEACH FL
TITLE	DS
NAME	YATES, JAMES
STREET ADDRESS	210 HAMMOCK ROAD S.E.
CITY - ST - ZIP	PALM BAY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DP
2.3 STREET ADDRESS	SAKAYAMA, LARRY K.
2.4 CITY - ST - ZIP	461ST. LUCIA COURT SATELLITE BEACH, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 119.07(3)(b), 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. 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: *x Larry Sakayama*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 March 95 407-952-8300
DATE TELEPHONE NUMBER