

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

FILED
Apr 21 1997 8:00am
Secretary of State



PROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **V58249** (6)
1. Corporation Name
TEC CELLULAR, INC.



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

Mailing Address
**7619 EMERALD DRIVE
W. MELBOURNE FL 32904-1167
US**

3. Date Incorporated or Qualified **08/14/1992** 3a. Date of Last Report **05/31/1996**

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
21 Sulte, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
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 **Victor S. Kostro**
82 Street Address (P.O. Box Number is Not Acceptable) **1825 S. Riverview Drive**
83
84 City **Melbourne** FL 85 Zip Code **32901**

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 Victor S. Kostro **03-31-97**
Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	DELETE
NAME	FOOSE, WILLIAM A.	
STREET ADDRESS	2270 PLANTATION DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DP	DELETE
NAME	SAKAYAMA, LARRY K.	
STREET ADDRESS	461ST LUCIA COURT	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	DT	DELETE
NAME	SMITH, CLIFFORD	
STREET ADDRESS	102 S. MANOR AVENUE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	DV	DELETE
NAME	WILLIAMSON, JOEL	
STREET ADDRESS	607 CARRIAGE RD.	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL	
TITLE	DS	DELETE
NAME	YATES, JAMES	
STREET ADDRESS	210 HAMMOCK ROAD S.E.	
CITY-ST-ZIP	PALM BAY FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	Change	Addition
1.2 NAME	Foose, William A.		
1.3 STREET ADDRESS	945 Fostoria Drive		
1.4 CITY-ST-ZIP	Melbourne, FL 32940		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	DS	Change	Addition
5.2 NAME	Yates, James		
5.3 STREET ADDRESS	464 Port Royal Blvd.		
5.4 CITY-ST-ZIP	Satellite Beach, FL 32937		
6.1 TITLE		Change	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 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: William A. Foose

CR2E034 (9/96)