

06/15/1999 14:59 305-892-0822
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

JOEL BERNSTEIN

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Jun 25, 1999 8:00 am
Secretary of State

06-25-1999 90001 010 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **408202** ✓
1 Corporation Name

AREAWIDE CELLULAR, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 1040 S. Milwaukee Avenue		Suite, Apt. #, etc.		65-0183747		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Wheeling, IL		28 Zip		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 60090		29 USA		8. This corporation owes the current year Intangible Personal Property Tax.		Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

Joel Bernstein
11900 Biscayne Blvd.
Suite 604
Miami, FL 33181

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 607.0502 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 when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	V
NAME	Toner, Eamon	1.2 NAME	Alan Hudack
STREET ADDRESS		1.3 STREET ADDRESS	1040 S. Milwaukee Avenue
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	Wheeling, IL 60090
TITLE	ST	2.1 TITLE	T
NAME	Barbakow, Maurice	2.2 NAME	Steve Zebel
STREET ADDRESS		2.3 STREET ADDRESS	1040 S. Milwaukee Avenue
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	Wheeling, IL 60090
TITLE	V	3.1 TITLE	S
NAME	Hillcoat, Henry	3.2 NAME	Daryl Jacobs
STREET ADDRESS		3.3 STREET ADDRESS	1040 S. Milwaukee Avenue
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	Wheeling, IL 60090
TITLE	V	4.1 TITLE	D
NAME	Barbakow, Gerber Hope	4.2 NAME	Donald B. Begahler
STREET ADDRESS		4.3 STREET ADDRESS	805 3rd Avenue
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	New York, NY 10022
TITLE		5.1 TITLE	D
NAME		5.2 NAME	David Tyrie
STREET ADDRESS		5.3 STREET ADDRESS	1040 S. Milwaukee Avenue
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	Wheeling, IL 60090
TITLE		6.1 TITLE	D
NAME		6.2 NAME	Nancy Ryan
STREET ADDRESS		6.3 STREET ADDRESS	1040 S. Milwaukee Avenue
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	Wheeling, IL 60090

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

June 18, 1999 847 403 7921

CR2F034 (11/98)