

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # F95000001002 (3)**

1. Corporation Name

**WINSTAR WIRELESS OF FLORIDA, INC.**



Principal Place of Business

1146 19TH STREET, NW  
SUITE 200  
WASHINGTON DC 20036

Mailing Address

1146 19TH STREET, NW  
SUITE 200  
WASHINGTON DC 20036

2. Principal Place of Business

21 7799 LEESBURG PIKE

Suite, Apt. #, etc.

22 401 S

City & State

23 TYSONS CORNER VA

Zip

24 22043

County

25 FAIRFAX

2a. Mailing Address

26 7799 LEESBURG PIKE

Suite, Apt. #, etc.

27 401 S

City & State

28 TYSONS CORNER VA

Zip

29 22043

County

30 FAIRFAX

3. Date Incorporated or Qualified  
**03/01/1995**

3a. Date of Last Report  
**N/A**

4. FEI Number **13-3758450**  
**APPLIED FOR**

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

**HIQ CORPORATE SERVICES, INC.  
526 EAST PARK AVENUE STE 200  
TALLAHASSEE FL 32301**

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, if applicable

DATE

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input checked="" type="checkbox"/> DELETE
NAME	GEORGE, LEO I	
STREET ADDRESS	1146 19TH STREET, NW STE 200	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	ACKERMAN, DAVID	
STREET ADDRESS	1146 19TH STREET, NW STE 200	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	ASTD	<input checked="" type="checkbox"/> DELETE
NAME	LYNCH, MARY E	
STREET ADDRESS	1146 19TH STREET, NW STE 200	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEAD JR, JAMES J	
STREET ADDRESS	1146 19TH STREET, NW STE 200	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROUHANA JR, WILLIAM J	
STREET ADDRESS	1146 19TH STREET, NW STE 200	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	<i>RALPH PELUSO</i>	<input type="checkbox"/> DELETE
NAME	<i>RALPH PELUSO</i>	
STREET ADDRESS	<i>7799 LEESBURG PIKE</i>	
CITY-ST-ZIP	<i>401 S TYSONS CORNER VA 22043</i>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<i>RALPH PELUSO</i>
1.3 STREET ADDRESS	<i>7799 LEESBURG PIKE 401 S</i>
1.4 CITY-ST-ZIP	<i>TYSONS CORNER VA 22043</i>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<i>SECRETARY</i>
2.3 STREET ADDRESS	<i>TIMOTHY GRAHAM</i>
2.4 CITY-ST-ZIP	<i>230 PARK AVENUE NEW YORK NY 10149</i>
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/29/96*

CR2E034 (12/95)