

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 03, 1999 8:00 am**  
**Secretary of State**

08-03-1999 90010 047 \*\*\*550.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F94000001770**

1. Corporation Name

**PALMER WIRELESS HOLDINGS, INC.**

Principal Place of Business

12800 UNIVERSITY DR., #500  
FT MYERS FL 33907-5333

Mailing Address

12800 UNIVERSITY DR., #500  
FT MYERS FL 33907-5333



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1994

4. FEI Number

65-0477815

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 owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 **PARK 80 WEST**

Suite, Apt. #, etc.

22 **PLAZA II**

City & State

23 **SADDLE BROOK N.J**

Zip

24 **07663**

Country

25 **USA**

2a. Mailing Address

26 **PARK 80 WEST**

Suite, Apt. #, etc.

27 **PLAZA II**

City & State

28 **SADDLE BROOK NJ**

Zip

29 **07663**

Country

30 **USA**

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☒ DELETE

NAME **RYAN, WILLIAM J**  
STREET ADDRESS **12800 UNIVERSITY DR., #500**  
CITY-ST-ZIP **FT MYERS FL 33907**

TITLE **D** ☐ DELETE

NAME **PRICE, ROBERT**  
STREET ADDRESS **45 ROCKEFELLER PLAZA, STE 3201**  
CITY-ST-ZIP **NEW YORK NY 10020**

TITLE **PCEO** ☒ DELETE

NAME **WISEHART, M W**  
STREET ADDRESS **12800 UNIVERSITY DR., #500**  
CITY-ST-ZIP **FT MYERS FL 33907**

TITLE **VPT** ☒ DELETE

NAME **GREEN, JEFFREY L.**  
STREET ADDRESS **12800 UNIVERSITY DR STE 500**  
CITY-ST-ZIP **FT. MYERS FL 33907**

TITLE **V** ☐ DELETE

NAME **MEEHAN, K P**  
STREET ADDRESS **12800 UNIVERSITY DR., #500**  
CITY-ST-ZIP **FT MYERS FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

*Michael Wasserman*  
Michael Wasserman 7/27/99 201.226.4702

CR2E034 (5/99)