

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 11 1997 8:00am
Secretary of State

DOCUMENT # F94000004926 (1)

1. Corporation Name

WIRELESS ADVANTAGE, INC.

Principal Place of Business

2155 MAIN ST.
SARASOTA FL 34237

Mailing Address

2155 MAIN ST.
SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/22/1994 3a. Date of Last Report 05/01/1996

4. FEI Number 65-0314504 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BEDNARSH, DAVID	1.2 NAME	
STREET ADDRESS	2155 MAIN ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34237	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	GOLDEN, GARY	2.2 NAME	
STREET ADDRESS	2155 MAIN ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34237	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	
NAME	BEDNARSH, JOANNE	3.2 NAME	
STREET ADDRESS	2155 MAIN ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34237	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	TIENKEN, RICHARD	4.2 NAME	
STREET ADDRESS	2155 MAIN ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34237	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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, changed, or on an attachment with an address.

SIGNATURE: DAVID BEDNARSH

9/5/97

941-953-0065

CR2E034 (4/97)