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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600002799

1. Corporation Name

PHOENIX-WIRELESS-GROUP-OF-DELAWARE,-INC .-

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90050 020 ***150.00

	•								
Principal P ace of Business Mailing Address									
2300 MAITLAN MAITLAND FL	D CENTER PKWY, STE 200 32751	2300 MAITLAND CENTER PKWY. STE 200 MAITLAND FL 32751			0	DO NOT WRITE IN THIS SPACE			
II.						3. Date Incorporated or Qualifed 06/04/1996	:		
2. Principal Place of Business		2a. Mailing Ad	2a. Mailing Address			4. FEI Number	Apr lied For		
21		26	26			59-3380852	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A ditional Fee Required		
City & State			City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Cour try	Zip 29	30	untry		This corporation owes the current year in Person at Property Tax.	tangible ☐ Yes ☐No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
183	TED CORPORATE SERVICES,	INC		81	Name				
801 N.E. 167TH STREET, STE 300				82 Street Ac dress (P.O. Box Number is Not Acceptable)					
NORTH MIAMI BEACH FL 33162			83						
				84	City	FI	85 Zip Code		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 suthorized by the corporation's board of circutors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

agont. a	in tallinar with and according congenitive of control and according				
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTI: R	egistered Agent signature required when reinstating	DATE		
12.	OFFICERS AND DIRECTORS		IONS/CHANGES TO OFFICERS AN	ND DIRECTOR	S IN 12
TITLE	P DELETE	1.1 TITLE		Change	Addition
NAME	BOYCE, MICHAEL J	12 NAME			ļ
STREET ADDRE IS	2300 MAITLAND CENTER PKWY., STE 200	1.3 STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL 32751	1.4 CITY-ST-ZIP			
TITLE	ST 190 DELETE	2.1 TITLE		Change	☐ Addition
NAME	HILL III, JOHN I	2.2 NAME			
STREET ADDRE: S	2300 MAITLAND CENTER PKWY., STE 200	2.3 STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL 32751	2. 4 CITY- ST- ZIP			
TITLE	☐ DELETE	3.1 TITLE		Change	Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3 4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		Change	Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			ļ
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	DELETE	5.1 TITLE		Change	Addition
NAME		5 2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	DELETE	6.1 TITLE		Change	Addition
NAME		62 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			
14. I hereby o	ertify that the information supplied with this filing does not qualify for t	he exemption stated in Section 119.0	7(3)(i), Florida Statutes. I further co-	rtify that the in	tormation

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:

Michael TBoyke

407 667 1100 Daytime Phone #