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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700000806 (6)

WIRELESS COMMUNICATION CENTERS, INC.

## FILED Apr 08 1998 8:00am Secretary of State



Drive in all Disease	at Dusings	Mailing Address				1		<b>u 4</b> 81 iau	
•									
6115-A JIMMY CARTER BLVD NORCROSS GA 30071		6115-A JIMMY CARTER BLVD NORCROSS GA 30071				DO NOT WRITE IN THIS SP	ACE		
						3. Date Incorporated or Qualified			
						02/13/1997			
2. Principal Pl	2a. Mailing Address	Address			4. FEI Number Applied For				
21			26			58-2270342	_ <del></del>	t Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.					\$8.75		
22		27				5. Certificate of Status Desired	Fee Re		
City & State		City & State				Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution	Added t		
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the curren		_ ~	
24	25		30	,		Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curre	<del>-</del>		81	N	10. Name and Address of New Registered Ag	jent		
UNITED CORPORATE SERVICES, INC.				*'	Name			ŀ	
801 NE 167TH ST, SUITE 300 NORTH MIAMI BEACH FL 33162				82 Street Address (P.O. Box Number is Not Acceptable)					
NO			B3						
				63				i i	
			84	City	FI	85 Zip (	Code		
11 Pursuant t	n the provisions of Sections 607.05	i02 and 607 1508. Florida Statute	s the al	hove	-named corr	<b> </b>	[ hanging it	s registered	
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 #1346 abits (NOTE Registered Agent signature required when reinstating)  DATE									
12.		ND DIRECTORS	13.	o Agon	K algina kina roqui	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTOR	S IN 12	
TITLE	CP	DELETE	1.1 T/	TLE			Change	☐ Addition	
NAME	HAHN, BRUCE A		12 N/	AME					
STREET ADDRESS	300 TRADEA TARN		1.3 \$		ADDRESS				
CITY-ST-ZIP	ROSWELL GA 30076	30076		ITY-ST	- ZIP				
TITLE	VSTD	☐ DELET€	2.1 TI	TLE			Change	Addition	
NAME	KOSTRINSKY, ROBERT J 221		2 2 N/	2.2 NAME					
STREET ADDRESS	10325 TUXFORD DR 23		2.3 \$1	2.3 STREET ADDRESS				1	
CITY-ST-ZIP			2.4 C	ITY-SI	T-ZIP				
TITLE	D	D DELETE 317		TLE			Change	☐ Addition	
NAME			3.2 NA	AME					
STREET ADDRESS			3.3 ST	TREET #	address				
CITY - ST - ZIP				ITY-\$1	T-ZIP		_	,	
TITLE	D			4.1 TITLE		T.	Change	Addition	
NAME	BURSTEIN, LAWRENCE		4. 2 NA				,	ŀ	
STREET ADDRESS	114 E. 90TH ST #3B			TREET A	ADDRESS			Ì	
CITY - ST - ZIP	NEW YORK NY 10128			ITY-ST	- ZIP		٦		
TITLE	D	☐ DELETE	5.1 TI			L	Change	Addition	
NAME	PUTHUFF, EDGAR		5.2 N/	AME					
STREET ADDRESS			5.3 \$1	5.3 STREET ADDRESS					
CITY-ST-ZIP	GROSSE POINT WOODS MI		_	ITY - ST	- ZIP		1 84	4.400	
TITLE	V	L_) DELETE	6.1 TI			L	Change	Addition	
NAME	DUNNAVANT, JAMES		6.2 NAME						
STREET ADDRESS			6.3 \$1	6.3 STREET ADDRESS					
CITY-ST-ZIP	NEWNAN GA 30285 64		6.4 Cf	TY-ST	ZIP	0.000	<u> </u>		

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 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 thousevery 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 applituding the intent with an address.

SIGNATURE:

CR2E034 (10/97)