

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

**FILED**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90081 041 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F98000002284**

1. Corporation Name  
**AMERICOM WIRELESS WIZARD, INC.**



Principal Place of Business 1300 BELLONA AVE. LUTHERVILLE MD 21093	Mailing Address 1300 BELLONA AVE. LUTHERVILLE MD 21093
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/10/1998</b>	
21	22	26	27	4. FEI Number <b>52-2068930</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
23	24	25	28	29	30
Zip		Country		Country	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		

**C T CORPORATION SYSTEM**  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PAST	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GILL, R. MICHAEL		1.2 NAME		
STREET ADDRESS	1300 BELLONA AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LUTHERVILLE MD 21093		1.4 CITY-ST-ZIP		
TITLE	CSTD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCLURE, DONALD G JR.		2.2 NAME		
STREET ADDRESS	1300 BELLONA AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LUTHERVILLE MD 21093		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GILL, GARY T		3.2 NAME		
STREET ADDRESS	2328 W. JOPPA RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LUTHERVILLE MD 21093		3.4 CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MANN, MICHELE		4.2 NAME		
STREET ADDRESS	1300 BELLONA AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LUTHERVILLE MD 21093		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRIMES, ALBERT		5.2 NAME		
STREET ADDRESS	2100 WILSON BLVD., #1200		5.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON VA 22201		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOLTZEN, HUGH		6.2 NAME		
STREET ADDRESS	9690 DEERCO RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	TIMONIUM MD 21093		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, with all other like empowered.

SIGNATURE: *Michelle Mann* *Michelle Mann* 2/4/99 410-823-1300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000699Z

CR2E034 (1.1/98)