

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
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90012 040 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000004844
 1. Corporation Name
WIRELESS CABLE & COMMUNICATIONS, INC.



Principal Place of Business 9050 PINES BLVD. PEMBROKE PINES FL 33024	Mailing Address 9050 PINES BLVD. PEMBROKE PINES FL 33024
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	29 Country	30 Country
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3. Date Incorporated or Qualified 08/26/1998	
4. FEI Number 87-0545056	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

REYNOLDS, BRIAN
9050 PINES BLVD.
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	D'AMBROSIO, LANCE	
STREET ADDRESS	3276 E. ALMIRA CT.	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, DONALD	
STREET ADDRESS	7 WINTER WHEAT	
CITY-ST-ZIP	THE WOODLANDS TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FUCARACCIO, JORGE	
STREET ADDRESS	PERON 925 PISCO 5 (1038)	
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ACOSTA-RUA, GASTON	
STREET ADDRESS	4 MEMORY LANE	
CITY-ST-ZIP	ROWAYTOA CT	
TITLE	P	<input type="checkbox"/> DELETE
NAME	REYNOLDS, BRIAN	
STREET ADDRESS	9050 PINES BLVD., #480	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LOWE, E. ANDREW	
STREET ADDRESS	1590 SANDPOINT DR.	
CITY-ST-ZIP	ROSWELL GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D'Ambrosio, Troy	
1.3 STREET ADDRESS	2914 Nila Way	
1.4 CITY-ST-ZIP	Salt Lake City, UT	
2.1 TITLE	T&S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Anthony Sansone	
2.3 STREET ADDRESS	3692 South 645 East	
2.4 CITY-ST-ZIP	Salt Lake City, UT	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Anthony Sansone* **Anthony J. Sansone** 7-12-99 801-328-5618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)