

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

FILED
Jun 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # L12743 (5)
 1. Corporation Name
WIRELESS CABLE OF FLORIDA, INC.



Principal Place of Business 865 HARMONY ROAD P.O. BOX 4494 EATONTON GA 31024 US	Mailing Address G/O WILLIAM E. LAMBRECHT 1550 RINGLING BLVD. SARASOTA FL 34236-6740
---	--

3. Date Incorporated or Qualified 08/31/1989	3a. Date of Last Report 04/26/1996
--	--

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
200 S. Orange Ave. Sarasota, FL 34236 USA	200 S. Orange Ave. Sarasota, FL 34236 USA

4. FEI Number 65-0150718	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
LAMBRECHT, WILLIAM E.
1550 RINGLING BLVD.
SARASOTA FL 34236

10. Name and Address of New Registered Agent
 81 Name
William G. Lambrecht
 82 Street Address (P.O. Box Number is Not Acceptable)
200 S. Orange Ave.
 83
 84 City
Sarasota FL 85 Zip Code
34236

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 *William G. Lambrecht* **William G. Lambrecht** 2-11-97
Signature, typed or printed name of registered agent and title, if applicable (INCORP - Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WARNER, ROD	
STREET ADDRESS	1950 LANDINGS BLVD. #110	
CITY-ST-ZIP	SARASOTA FL	
TITLE	CDP	<input type="checkbox"/> DELETE
NAME	HALL, JIM	
STREET ADDRESS	244 LOCH WAY NE	
CITY-ST-ZIP	EATONTON GA	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MANNING, PAUL	
STREET ADDRESS	215 NESTOR CT	
CITY-ST-ZIP	ROSWELL GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOSELY, I SIGMUND	
STREET ADDRESS	945 E PACES FERRY RD #2450	
CITY-ST-ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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 if changed, or on an attachment with an address.

SIGNATURE *Paul F. Manning* **Paul F. Manning** 2-30-97
Signature, typed or printed name of registered agent and title, if applicable (INCORP - Registered Agent signature required when reinstating) DATE

CR2E034 (9/96)