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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12743

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

**C/O WILLIAM G LAMBRECHT
200 S ORANGE AVE
SARASOTA FL 34236
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1989

4. FEI Number

65-0150718

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **865 HARMONY RD.**
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

31024

30

US

9. Name and Address of Current Registered Agent

**LAMBRECHT, WILLIAM G
200 S ORANGE AVE
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

WARNER, ROD

STREET ADDRESS

1950 LANDINGS BLVD. #110

CITY-ST-ZIP

SARASOTA FL

TITLE

CDP

☐ DELETE

NAME

HALL, JIM

STREET ADDRESS

244 LOCH WAY NE

CITY-ST-ZIP

EATONTON GA

TITLE

STD

☐ DELETE

NAME

MANNING, PAUL

STREET ADDRESS

215 NESTOR CT

CITY-ST-ZIP

ROSWELL GA

TITLE

D

☐ DELETE

NAME

MOSELY, I SIGMUND

STREET ADDRESS

945 E PACES FERRY RD #2450

CITY-ST-ZIP

ATLANTA GA

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)