

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L92570** (5)

1. Corporation Name
SANTA FE WIRELESS, INC.



Principal Place of Business: P O BOX 1646 HIGH SPRINGS FL 32643
Mailing Address: P O BOX 1646 HIGH SPRINGS FL 32643

3. Date Incorporated or Qualified: **08/13/1990**
3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business
21 **1858 E. Campbell Ave.**
22 Suite, Apt. #, etc.
23 **Gilbert, AZ**
24 **85234**
25 Country
26 **1858 E. Campbell Ave.**
27 Suite, Apt. #, etc.
28 **Gilbert, AZ 85234**
29 **85234**
30 Country

4. FEI Number: **59-3039327**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **KENNEY, TOM 3136 N W 47TH PLACE GAINESVILLE FL 32605**
10. Name and Address of New Registered Agent: **81 Name: C.T. Corporation System 82 Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road 83 84 City: Plantation FL 85 Zip Code: 33324**

11. Pursuant to the provisions of Sections 607.0592 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 C. Bradford, Jr.* **William C. Bradford, Jr., Vice President** **April 25, 1996**
Signature of individual or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEY, TOM	1.2 NAME	
STREET ADDRESS	3136 N W 47TH PLACE	1.3 STREET ADDRESS	1858 E. Campbell Ave.
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	Gilbert, AZ 85234
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEY, BETH H.	2.2 NAME	
STREET ADDRESS	3136 N W 47TH PLACE	2.3 STREET ADDRESS	1858 E. Campbell Ave.
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	Gilbert, AZ 85234
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Beth H. Kenney* **Beth H. Kenney** **4/25/96** **602-507-9504**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)