

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90052 028 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **L92570**

1. Corporation Name
SANTA FE WIRELESS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1858 E CAMPBELL AVE
 GILBERT AZ 85234
 US**

Mailing Address
**1858 E CAMPBELL AVE
 GILBERT AZ 85234
 US**

3. Date Incorporated or Qualified
08/13/1990

4. FEI Number
59-3039327

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip County

24. Zip 25. County

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip 30. Country

9. Name and Address of Current Registered Agent

**C. T. CORPORATION SYSTEM
 1200 S. PONE ISLAND ROAD
 PLANTATION FL 33324**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	ST KENNEY, TOM	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	1858 E CAMPBELL AVE	1.3 STREET ADDRESS	
	GILBERT AZ	1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	PD KENNEY, BETH H.	2.1 TITLE	2.2 NAME
	1858 E CAMPBELL AVE	2.3 STREET ADDRESS	
	GILBERT AZ	2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		6.1 TITLE	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: **BETH H. KENNEY** **BETH H. KENNEY** April 23, 1999 102 507-9504

CR2E034 (1/198)