

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004496 (4)

1. Corporation Name

FLORIDA WIRELESS CABLE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**3229 FLAGLER AVENUE, SUITE 107
KEY WEST FL 33040**

**3229 FLAGLER AVENUE, SUITE 107
KEY WEST FL 33040**

3. Date Incorporated or Qualified

09/20/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

32861

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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 617.0502 and 617.1508, 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 617.0503, 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 **PD** ☐ DELETE
NAME **BLOOMER, KELLY J**
STREET ADDRESS **3229 FLAGLER AVENUE, SUITE 107**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **VD** ☐ DELETE
NAME **HREN, RON**
STREET ADDRESS **3229 FLAGLER AVENUE, SUITE 107**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **STD** ☐ DELETE
NAME **STEPHENS, SUZANNE**
STREET ADDRESS **3229 FLAGLER AVENUE, SUITE 107**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME **Bloomer, J. Kelly**
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS **18940 U.S. 19 NORTH**
24 CITY-ST-ZIP **Clearwater, FL 34624**

31 TITLE ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS **4700 L.B. McLeod Road, Suite B**
34 CITY-ST-ZIP **Orlando, FL 32811**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. KELLY BLOOMER

2/18/96
Date

(305) 296-8112
Daytime Phone #

CR2E037 (12/95)