

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

FILED

Feb 06 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 # P92000001999 (1)

1. Corporation Name  
WIRELESS NETWORK SERVICES, INC.



Principal Place of Business  
6261 N.W. 6TH WAY  
SUITE 203  
FT. LAUDERDALE FL 33309

Mailing Address  
6261 N.W. 6TH WAY  
SUITE 203  
FT. LAUDERDALE FL 33309-6103

3. Date Incorporated or Qualified 11/04/1992	3a. Date of Last Report 03/07/1996
4. FEI Number 65-0367405	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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

EPSTEIN, RICHARD  
TRADE CENTRE SOUTH, STE 700  
100 W CYPRESS CREEK ROAD  
FT LAUDERDALE FL 33309

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	V STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIFTON, RONALD	1.2 NAME	
STREET ADDRESS	6261 N.W. 6 WAY, SUITE 203	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MODELL, JERRY	2.2 NAME	
STREET ADDRESS	6261 N.W. 6 WAY, SUITE 203	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	2.4 CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	PJ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATHEN, JOAN	3.2 NAME	
STREET ADDRESS	6261 N.W. 6 WAY, SUITE 203	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)