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

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 PM 3:40

DOCUMENT # **P93000075431 (5)**

1. Corporation Name
**WIRELESS COMMUNICATIONS CORPORATION**

DO NOT WRITE IN THIS SPACE.

| Principal Place of Business | Mailing Address |
|---|---|
| % MARK D. COHEN ESQ<br>~~121 SE FIRST ST #600~~<br>~~MIAMI FL 33131~~ | % MARK D. COHEN ESQ<br>~~121 SE FIRST ST #600~~<br>~~MIAMI FL 33131~~ |

3. Date Incorporated or Qualified: 10/25/1993
3a. Date of Last Report: 03/01/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 4651 Sheridan St., #300 | 26 4651 Sheridan St., #300 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 Hollywood, FL | City & State<br>28 Hollywood, FL |
| Zip / Country<br>24 33021 / 25 U.S.A. | Zip / Country<br>29 33021 / 30 U.S.A. |

4. FEI Number: 65-0455579 ☐ 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 | 10. Name and Address of New Registered Agent |
|---|---|
| COHEN, MARK D<br>~~121 SE FIRST ST~~<br>~~STE 600~~<br>~~MIAMI FL 33131~~ | 81 Name: Mark D. Cohen, Esq.<br>82 Street Address (P.O. Box Number is Not Acceptable): 4651 Sheridan Street, Ste. 300<br>83<br>84 City: Hollywood, FL **FL** 85 Zip Code: 33021 |

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] MARK D. COHEN, ESQ. DATE
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 1.1 TITLE | D ☒ Change ☐ Addition |
| NAME | SHELTON, HOPE | 1.2 NAME | SHELTON, HOPE |
| STREET ADDRESS | ~~% 121 SE FIRST ST #600~~ | 1.3 STREET ADDRESS | c/o Mark D. Cohen, P.A.,4651 Sheridan St. |
| CITY-ST-ZIP | ~~MIAMI FL 33131~~ | 1.4 CITY-ST-ZIP | #300, Hollywood, FL 33021 |
| TITLE | | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ 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)(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:** Hope Shelton Hope Shelton, Pres. 2-14-95 305-937-5100
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Telephone Number

0132424 CP