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May 01 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 # P94000004345 (2)

1. Corporation Name
SKYVIEW WIRELESS CABLE, INC.

Principal Place of Business

403 GREENWOOD AVE
CLARKSVILLE TN 37040
US

Mailing Address

403 GREENWOOD AVE
CLARKSVILLE TN 37040-3711
US



2. Principal Place of Business

21 11308 NW 60th ST.
State, Apt. #, etc.

22 City & State
PARKVILLE MO

23 Zip 64152 Country USA

24 64152

2a. Mailing Address

26 11308 NW 60th ST
Suite, Apt. #, etc.

27 City & State
PARKVILLE MO

28 Zip 64152 Country USA

29 64152

30 USA

3. Date Incorporated or Qualified

01/19/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0463745

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

GOLDFARB, ROBERT L
17021 NORTH BAY ROAD #704
MIAMI BEACH FL 33180

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

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	WOLFE, J MICHAEL	
STREET ADDRESS	403 GREENWOOD AVE	
CITY - ST - ZIP	CLARKSVILLE TN 37040	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BIGGS, JACOB	
STREET ADDRESS	350 WHISPERING PINES CT	
CITY - ST - ZIP	WICHITA KS 67212	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JUNGMAN, BUDDY	
STREET ADDRESS	PO BOX 180632 N/A	
CITY - ST - ZIP	DALLAS TX 75218	
TITLE	CDS	<input type="checkbox"/> DELETE
NAME	SCHLUETER, DAVID	
STREET ADDRESS	PO BOX 4381 N/A	
CITY - ST - ZIP	GREENVILLE DE D1980-0381	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDFARB, ROBERT L	
STREET ADDRESS	17021 NORTH BAY ROAD #704	
CITY - ST - ZIP	MIAMI BEACH FL 33180	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	11308 NW 60th ST
1.4 CITY - ST - ZIP	PARKVILLE MO 64152
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

J Michael Wolfe PRESIDENT

4-25-97

816-505-1667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0477445

CR2E034 (9/96)