

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000025862 (1)

1. Corporation Name

FUTUREVISION WIRELESS TELEVISION SYSTEMS, INC.

FILED
96 AUG 23 PM 3: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

1860 N PINE ISLAND RD
SUITE 201
PLANTATION FL 33322

1860 N PINE ISLAND RD
SUITE 201
PLANTATION FL 33322

3. Date Incorporated or Qualified

03/31/1994

3a. Date of Last Report

06/05/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

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4. FEI Number

65-0503080

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

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\$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

LEVINE, SABRINA M
1381 NW 101ST TER
PLANTATION FL 33322

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 type for persons, who are not agents and tax is applicable

(NOTE: Registered Agent's signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LEVINE, SABRINA
1381 NW 101ST TER
PLANTATION FL 33322

☐ DELETE

TITLE
NAME
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11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

11714 NW 5 ST
33325

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

600001933536
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****225.00 ****225.00

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
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51 TITLE
52 NAME
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61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sect on 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

8-21-96 (954)452-1877

CR2E034 (3/96)