

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

FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000076369 (5)

1. Corporation Name

TRANSMEDIA WIRELESS SERVICES, INC.



Principal Place of Business

Mailing Address

5323 LAKEWORTH RD.
GREENACRES FL 33463
US

5323 LAKEWORTH RD.
GREENACRES FL 33463
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1994

4. FEI Number

65-0534111

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21. SAME

Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

2a. Mailing Address

26. SAME

Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Country

9. Name and Address of Current Registered Agent

MAGNANO, DIANE
5323 LAKEWORTH RD
GREENACRES FL 33463

10. Name and Address of New Registered Agent

81. Name

Michael Howard

82. Street Address (P.O. Box Number is Not Acceptable)

5323 LAKEWORTH Rd

83. GREENACRES FL 33463

84. City

FL

85. Zip Code

33463

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

Michael Howard President Anthony Carroll Vice President 2-17-98

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 NAME STREET ADDRESS CITY-ST-ZIP

P MAGNANO, DIANE 5323 LAKEWORTH RD. GREENACRES FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ST FERGUSON, CATHY 5323 LAKEWORTH RD. GREENACRES FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

PRESIDENT Michael Howard 5323 LAKEWORTH Rd GREENACRES FL 33463

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

V.P. CARROLL Tony Carroll 5323 LAKEWORTH Rd GREENACRES FL 33463

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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 checked, or on an attachment with an address.

SIGNATURE: Michael Howard Michael Howard 2-17-98

CR2E034 (10/97)