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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000026085 (7)

WIRELESS WORLD, INC.

Principal Place of Business Mailing Address						
				3. Date Incorporated or Qualified 04/03/1995	3a. Date of Last R	eporl
2. Principal P	Place of Business	2e. Mailing Address		4. FEI Number		plied For
11		26		65-0580445	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 A	
City & Stat	te	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip 14	Country 25	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. Yes 🔲 No	199.032,
	g. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Reg	istered Agent	
986	LIAM STECKBECK 36 LIBERTY COURT CA RATON FL 33434		82 Street Ad	dress (P.O. Box Number is Not Acceptabl	(e)	Code
- D	4-4	500 - 1007 (500 FL-11-0)				
agent. f a SIGNATURE	Signature, typed or printed name of registered a	agent and trike it applicable (NO	Torida Statutes. Tt: Registered Agent signature roo	rporation submits this statement for the pi ation's board of directors. I hereby accep uired when reinstating)	DA1E	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	P	☐ DELETE	1.1 TALE		☐ Change	Addition
NAME	STECKBECK, WILLIAM		1.2 NAME		•	
STREET ADDRESS	9886 LIBERTY COURT		1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33434		1.4 C(TY~S)~Z(P			
TITLE	ŧ	DELETE	2.1 TITLE		☐ Change	Addition
NAME .			2.2 NAME			
STREET ADDRESS	{		2.3 STREET ADDRESS			
CITY-ST-ZIP			2 4 CITY-ST-ZIP			
IITLE		☐ DELETE	3.1 TITLE		Change	Addilio
NAME	(3 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	<u> </u>		3.4. CHY-ST-ZIP			
TITLE		☐ DELETE	41 THLE		[] Change	Addition
NAME			4. 2 NAME			
STREET ADORESS	Ļ		4.3 STREET ADDRESS			
CITY-ST-ZIP	<u> </u>		4.4 CITY-ST-ZIP			
TITLE	1	☐ DELETE	5.1 TITLE		Change	Addition
NAME	Ì		52 NAME			
STREET ADDRESS	1		5.3 STREET ADDRESS			
CITY-ST-ZIP	[5.4 CHY-S1-ZIP			

DELETE

6.1 TITLE

6.2 NAME

TITLE

NAME

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 report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of trusted in powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an all of yment with an address. 561-883666

Addition

FILED

May 08 1997 8:00am

Secretary of State