PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000071493

WIRELESS CONNECTION, INC.

APPROVED AND FILED

1997 JAN 30 PM 2: 55

SECRETARY OF STATE TALLAMASSEE, FLORISA



Principal Place		Mailing Address	_	<u>.</u> .	L idatenbi ein ibide beite batte marte marte beite inder viber drifte ibrite itrite tein eine
7040	WEST PALMETTO A. RATON FI ST.2-528	K. RO, 7040 W.	est PALM	erro AKA	<b>©</b>
Born	RATON F1 ST.2-528	BOCAL	RATION	JE15725	28
	· · · · · · · · · · · · · · · · · · ·				
33483	>	34700	•		3. Date Incorporated or Qualified 3a. Date of Last Report
- 51		T = 11 / 11 / 11 / 11 / 11 / 11 / 11 / 1			SEPTEMBER 15
2. Principal Pla		2a. Mailing Address	20,400	2.7.40.11	4. FEI Number 1995 Applied For
	GOOLSBY BLVO.	26 6580 SP	19 1/VG 1	50/101/ W	
Suite, Apt. I	#, etc.	Suite, Apt. #, etc.		_ 7/18	5. Certificate of Status Desired \$8.75 Additional
22 Deer	+16 Kd /-/	27 BOCK RA	eton,	<i>F/</i>	Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23 334	42	28 33433			Trust Fund Contribution LJ Added to Fees
Zip	Country	Zip	Countr		8. This corporation has liability for intangible tax under s 199.032,
24	25 USA	29	30 (	LSA	Florida Statutes
	<ol><li>Name and Address of Current</li></ol>	Registered Agent			10. Name and Address of New Registered Agent
		Quana /	81	Name	
LAWKENCE J. OF EGEL B2 Street Address					(D.O. Doy Number is Not Assessable)
LAWKENCE J. Spiegel 343 ALMERIA AVENUE Coral Gables F1 33134				Street Addre	ass (P.O. Box Number is <b>Not Acceptable</b> )
C	pral Caples Fl	3 <i>3134</i>	83	<del>, </del>	······································
	0.27			1	
			84	City	85 Zip Code
				1	FL   T
					ation submits this statement for the purpose of changing its registered office d of directors. I hereby accept the appointment as registered agent. I am
familiar wit	th, and accept the obligations of, Section	on 607.0505, Florida Statute	9S.	porocion o book	or all octors. Frior obj. and appointment as registed on agoriti. Tell in
SIGNATURE					
	Signature, Typics or printed name of registered agent a		IOTE Registered Age	ent signature required	when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PRESIDENT / Secre HARRY E, LIPPERT	27ayy □ DELETE	1. 1 TITLE	•	Change Addition
NAME	HARRY E. CINPERT	an way this	1.2 NAME	. [	
STREET ADDRESS	6580 SPRING BOTT	on way 4118	1.3 STREE	T ADDRESS	
CITY-ST-ZIP	BOCA RATON, FI	33433	1.4 CITY-	ST. 7IP	
TILE	LUCA PAGE INDUT!	TOOK C TOFFE	2. 1 TITLE		Change Addition
NAME	RITH KNIGHT		2.2 NAME		
-	4580 SPAING 807	TOM WAY +118		1	·
STREET ADDRESS	RUTH KNIGHT 6580 SPRING BOT BUCH RAWN, F.	1 33433		ET ADDRESS	
CITY-ST-7IP	7300x 7377	· · · · · · · · · · · · · · · · · · ·	2.4 CITY-	·····	
TITLE		☐ DELETE	3. 1 TITLE		Change Addition
NAME			3.2 NAME	:	80000020777381
STREET ADDRESS			3.3. STRE	et address	-02/05/9701006001
CITY+ST-ZIP			3.4 C/TY-	ST-ZIP	****208.00 ****208.0U
TITLE		DELETE	4. 1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME	:	<del>-</del>
STREET ADDRESS				ET ADORESS	·
CITY-ST-ZIP					
TITLE		C DELETE	4.4 CITY- 5. 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STRE	ET ADDRESS	,
CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY-	ST-ZIP	
TITLE		DELETE	6. 1 TITLE	· [ _	Change Addition
NAME.	İ		6.2 NAME	: [	
STREET ADDRESS			6.3 STRE	ET ADDRESS	
CITY - ST - ZIP			6.4 CITY	ł	SCC 1-30-97
<del></del>	L certify that the intermation supplied v	with this films is valuatarily ful			or the exemption stated in Section 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attachment with an address.

SIGNATURE:

SHATURE AND TYPED ON PRINTED NAME OF MONING OFFICER OR DIRECTO

Jan 29 1997 56) 391626

1/28/17 Devision of Corporations 409 E. Gaines St Tallahassee, Fl 32399 Attention Sammy Cullwell Re' our phone conversation this R. M. Enclosed is a chech for \$200.00 to cover Litting fee for report not received. I understand that our next report is due printo 5/1/97 in the amount of #165.00, however, our chech for \$50,00 was cashed by your department on 1/17/97 and sull fax you a copy of that check in a gew days When I get it back from the Jank. Please Sammy, call me at 561-391-1626 to let me know that you have received This and to let me know if I can take dossession of our new office nept weeks.

in appreciation

Ruth Knight