## 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 # P96000017145 (9)

AFFORDABLE WIRELESS, INC.

Principal Place of Business

information indicated on this I am an officer or director of appears in Block 12 or Bk

Mailing Address

10070 DUCKIA VENTURA DE

or on an attachment with an address.

## **FILED** Apr 25 1997 8:00am Secretary of State



BOCA RATON	FL 33498		BOCA RATON FL 33498-6710	)			
					3. Date Incorporated or Qualified 02/22/1996	3a. Date of Las/Report 2/22/96	
	lace of Business	0 . 2	2a. Mailing Address	C + 0 + 2	4 FELNumber	Applied For	
		Rd. 7 2	6 20437	S+ Rd 7	65-0649118	Not Applicable	
Sulte, Ant.	ren C-2	. 2	Suite, Apt. #, etc.	1	5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
23 BOCA RATON, FL 28 BOCA RA-				ATON, PL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 33498 Country USA 29 33498 Country USA 8. This corporation has liability for intangible tax under s. 199							
24   30498   25   Worth   29   30498   30   WSH   Florida Statutes   X Yes   No   9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent							
KONSKER, LEE 81 Name					To the state of th		
40070 BLIENA VENTUDA DD					10.0		
BOCA RATON FL 33498					82 Street Address (P.O. Box Number is Not Acceptable)		
83							
				84 City		er Zin Code	
	$ \sim$ $\sim$					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 of fice or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered							
office or registered, of 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 907,0505, Florida Statutes.							
SIGNATURE		LEE	- KONSI	KEK		3 26 97	
12.	Signature, typed or Yangus	OFFICERS AND DIF		egistered Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE PERSONNELLE IN 12	
TITLE	LEE K		PROS   DELETE	1.1 TITLE	ABBITIONS/OFFANGES TO OFFIC	Change Addition	
NAME	10370 6	BUENG UKAT	1000	1.2 NAME			
STREET ADDRESS	Prop	POTTO	una DR Pr 33498	1.3 STREET ADDRESS			
City-St-Zip	1,70.6	a earno	10 22410	1.4 CiTY+ST+ZiP			
<b>JULE</b>			☐ DELFTE	2.1 TITLE		Change Addition	
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREE1 ADDRESS			
CITY-ST-ZIP				2. 4 CITY-S1-ZIP			
TITLE			☐ DELETE	3.1 TITLE		Change Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4. CITY- ST- ZIP			
TITLE			☐ DELETE	4.1 TITLE		L Change L. Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP			Dotter	4.4 CITY-ST-ZIP			
TITLE			☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME CTREET ADDRESS				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE			DELETE	5.4 CHY-ST-ZIP 6.1 TITLE		Change Addition	
NAME			Print DECEAL	6.1 THE 6.2 NAME		CT Change CT Addition	
STREET ADDRESS							
CITY-ST-ZIP				6.3 STREET ADORESS			
14. I do herel	by certify that the into	rnation supplied with	this filing does not qualify for	6.4 CITY-ST-ZIP or the exemption states	d in Section 119.07(3)(i). Florida Statutes	s. I further certify that the	
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 angular people 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 control or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name							