

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

pg. 1

	PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	--	---

DOCUMENT # **P96000055247 (6)**

1. Corporation Name

**WIRELESS COMMUNICATION SERVICES, INC.**

Principal Place of Business

**2530 S.W. ABELARD STREET  
PORT ST. LUCIE FL 34953**

Mailing Address

**2530 S.W. ABELARD STREET  
PORT ST. LUCIE FL 34953**

FILED

97 JUL 29 AM 9: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/25/1996** 3a. Date of Last Report **INITIAL REPORT**

4. FEI Number **65-0671430** 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

**21 440 Okeechobee Rd**

2a. Mailing Address

**26 378 S.E. Port St. Lucie Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 Ft. Pierce, FL 34947**

City & State

**28 Port St. Lucie, FL 34984**

Zip

**24 34947**

Country

**25 St. Lucie**

Zip

**29 34984**

Country

**30 St. Lucie**

9. Name and Address of Current Registered Agent

**SINGH, DAVID  
2530 S.W. ABELARD STREET  
PORT ST. LUCIE FL 34953**

10. Name and Address of New Registered Agent

**81 Name DAVID SINGH  
82 Street Address (P.O. Box Number is Not Acceptable) 2441 SW HALISSEE ST  
83  
84 City Port St. Lucie FL 85 Zip Code 34953**

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 **DAVID SINGH** PRESIDENT

DATE **July 21, 1997**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SINGH, DAVID</b>	
STREET ADDRESS	<b>2530 S.W. ABELARD STREET</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34953</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DAVID SINGH</b>	
1.3 STREET ADDRESS	<b>2441 SW. HALISSEE ST</b>	
1.4 CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34953</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	<b>300002257043--3</b>	
2.4 CITY-ST-ZIP	<b>-08/04/97--01155--011</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	<b>****165.00 ****165.00</b>	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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 changed, or in an attachment with an address.

CR2E034 (4/97)

pg 2

**WIRELESS COMMUNICATION SERVICES, INC.**

---

378 S.E. Port St. Lucie Blvd.  
Port St. Lucie, FL 34984

July 21, 1997

Division Of Corporations  
Annual Report Section  
P.O. Box 1500,  
Tallahassee, FL 32302-1500

Dear Divisions of Corporations:

On July 19, 1997 I received a notice saying I need to file an annual profit report. Also the report said this was my second notice and a late payment of \$385 is to be paid additional.

I was not aware that this report needed to be filed. We are a new company that became incorporated on June 25, 1996. If a previous noticed was mailed, I did not receive this notice. My mailing address has changed and my mails were being forwarded.

I am hopeful that you can adjust the late charge. I am enclosing a check for \$165 the filling fee. If you have any questions please call me at 561-336-4240.

Sincerely,   
David Singh, Director

ds

Enclosure: 3