

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000079096 (9)

1. Corporation Name
WISP-NET, INC.



Principal Place of Business 2809 SWEET CREEK CROSSING CHULUOTA FL 32766	Mailing Address 2809 SWEET CREEK CROSSING CHULUOTA FL 32766
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 14200 E. Colonial Dr.	26 14200 E. Colonial Dr.			09/23/1996	
22 Suite A	27 Suite A	4. FEI Number		Applied For	
23 Orlando, FL	28 Orlando, FL	NOT APPLICABLE		Not Applicable	
24 32826	25 Orange	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
		<input type="checkbox"/>		<input type="checkbox"/>	
		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
		Trust Fund Contribution		<input type="checkbox"/>	
		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WILSON, GHENT W
2809 SWEET CREEK CROSSING
CHULUOTA FL 32766

10. Name and Address of New Registered Agent

81 Name
Ankeny, Margaret J

82 Street Address (P.O. Box Number is Not Acceptable)
1061 Sugarberry Trail

83

84 City **Oviedo** FL 85 Zip Code **32765**

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 *M. Ankeny* **Margaret J. Ankeny** DATE **4/20/98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, GHENT W	
STREET ADDRESS	2809 SWEET CREEK CROSSING	
CITY-ST-ZIP	CHULUOTA FL 32766	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANKENY, MARGARET J	
STREET ADDRESS	1037 WHITTIER CIRCLE	
CITY-ST-ZIP	OVIEDO FL 32765	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ankeny, Margaret J.
2.3 STREET ADDRESS	1061 Sugarberry Trail
2.4 CITY-ST-ZIP	Oviedo, FL 32765
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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 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 on an attachment with an address.

SIGNATURE: *M. Ankeny* **Margaret J. Ankeny** 4/20/98 407) 2490908

CR2E034 (10/97)