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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000086681

1. Corporation Name

WIDE AREA SERVICES, INC.



Principal Place of Business

P.O. BOX 748 #15 CREPE MARTIN
CORTEZ FL 34215 BRADENTON, FL
US 34210

Mailing Address

10315/44TH AVE W
(19-1)
P.O. BOX 748
CORTEZ FL 34215 BRADENTON, FL
US 34210

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/13/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		41-1692149	
24 Country		30 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				6. Election Campaign Financing	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				7. This corporation owes the current year Intangible	
				Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

STRAND, RICHARD
10315/44TH AVE. W. (191ST ST.)
BRADENTON FL 34210

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 *R. A. Strand* DATE 4/23/99

Signature, typed or printed name of registered agent and title if applicable

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAND, RICHARD	1.2 NAME	
STREET ADDRESS	P.O. BOX 748 N/A	1.3 STREET ADDRESS	
CITY-STATE-ZIP	CORTEZ-FL-34215	1.4 CITY-STATE-ZIP	
TITLE	STRAND, RICHARD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15 CREPE MARTIN	2.2 NAME	
STREET ADDRESS	BRADENTON, FL 34210	2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

R. A. Strand
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/99 941-7983673

CR2E034 (11/98)