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

PROFIT. CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P9600089180

WIRELESS SPECIALTIE'S, INC.

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90208 009 ***150.00



				_{	INIS IBIDI IIDA	
Principal Place of Business	Mailing Address					
1192 CRISPWOOD CCT	1192 CRISPWOOD CT	- 1				
APOPKA FL 32703 US US US				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
Y		\mathbf{V}		10/28/1996		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Α	pplied For
1000 1 100 1				59-3415265		ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional
22 1073	27			3. Certificate of Clates Decision		equired
City & State	City & State	- 0-	~~ <i>C</i>	6. Election Campaign Financing	*	May Be
23 AJANONTE SPRINGS 28 ALTAMONTE				Trust Fund Contribution		to Fees
Zip Country	Zip Country		•	8. This corporation owes the current year Intangible		
24 32714 25 USA	29 32716	30 US	<u> </u>	Personal Property Tax. 10. Name and Address of New Registered		
9. Name and Address of Current	Registered Agent		al	10. Name and Address of New Registered	Agent	
LIGIDENI TILI		8				
HOLDEN, TINA 1192 CRISPWOOD CT.			2 Street Addr	ress (P.O. Box Number is Not Acceptable)		
APOPKA FL 32703		8:	3			
		84	4 City	FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502					-	- sesistered
SIGNATURE Signature, typed or printed name of registered agent	and the mapping	E: Registered Ag	ent signature require	ad when reinstaling) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORE IN 12
12. OFFICERS AND DIRECTORS DELETE			 	ADDITIONS/OFF/MODES TO STYLES	Change	
TITLE PAGSIDENT/CGS	TE 400	1.1 TITLE				
NAME HOLDEN, TINA STREET ADDRESS 1192 CRISPANOOD C7 2-12	1000 C 0 T 126	40 NAME	ET ADDRESS			
STREET ADDRESS 1102 CT STEET	1073					
CITY-ST-ZIP	NONTE DELETE	1.4 CITY 2.1 TITLE			Change	Addition
	RINGS & 32714					
NAME	, 10		ET ADDRESS	•		
STREET ADDRESS		2.4 CITY				
THE THE COMPONY OWNS	DELETE	3.1 TITLE			Change	Addition
- \ Somit			EGO TO			
		_	EET ADDRESS	_		
STREET ADDRESS & MILLENNIUM	u marketing t		-ST-ZIP			
TITLE	STATICES DEFET	4.1 TITLE			Change	e
	 .	4. 2 NAM	AE			
NAME STREET ADDRESS		4.3 STRI	EET ADDRESS			
			-ST-ZIP			
CITY-ST-ZIP	☐ DELETE	5.1 TITL			☐ Chang	e Addition
NAME		5.2 NAM	€ \			
STREET ADDRESS		5.3 STR	EET ADDRESS .			
		5.4 CITY	-ST-ZIP			
CITY-ST-ZIP TITLE	☐ DELETE	6.1 TITL	E	-	Chang	e
NAME		6.2 NAM	ie			
STREET ADDRESS .		6.3 STR	EET ADDRESS			
SINEE ADDRESS .						

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 of the receiver of 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 ph an attachment with an address with all other like empowered.

SIGNATURE:

CR2E034 (11/98)