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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State - 4 DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # P96000092538 (3)

ADVANCED WIRELESS SERVICES, INC.

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Principal Place of Business Mailing Address							1 198 Lean ist ibien beine Rabis gaste all	In Abrib thick	*****		,,,,
% LAURIE BERGER % LAURIE BERGER											
2273-A PALM BEACH LAKES BLVD. 2273-A PALM BEACH LA W. PALM BEACH FL 33409 W. PALM BEACH FL 334							l _i				
				USF-34(J)			9 Date (persecuted or Quelifical	195 D	to of Lor	t Donar	
							3. Date Incorporated or Qualified 11/12/1996	. Jan Da	ite of Las	neport	
		1.0					A				
	Place of Business	├ 1	2a. Mailing Address				4. FEI Number	•	X	Applied	
21		26					APPLIED FOR			Not App	
Suite, Ap	at #, etc	} ₃	e, Apl. #, etc.				5. Certificate of Status Desired			5 Additio	_
22		27	0.01-1-							Require	
City & St	ate	·	& State				6. Election Campaign Financing			00 May	
23		28		T			Trust Fund Contribution			ed to Fee	
Zip	Country	Z _i p		Cou	ntry		8. This corporation has liability for			er s. 199.	032.
24	25	29	4	30			Florida Statutes 10. Name and Address of New R	Yes [
	9. Name and Address of Cu	rrent Hegisterea	Agent		81	Name	10. Name and Address of New H	agistered /	Agent		
	ERGER, LAURIE			ļ	•	inarije I					
2273-A PALM BEACH LAKES BLVD.					82	Street Addre	ess (P.O. Box Number is Not Accepta	ible)			
W	. Palm Beach FL 33409			ļ	Ц						
) 				ł	B 3						
••					84	City			85 Z	ip Code	
1						_		FL	1 1	•	
11. Pursuar	nt to the provisions of Sections 607	.0502 and 607.15	08, Florida Statu	ites, the at	bove	a-named corp	oration submits this statement for the on's board of directors. I hereby acce	purpose of	changin	g its reg	istered
office o	ir registered agent, or both, in the S Lam familiar with, and accept the o	itate of Florida. Su Iblications of Sec	ich change was tion 607 0505. F	authorized Iorida Stat	d by utes	the corporati	on's board of directors. I hereby acce	pt the app	ointment	as regis	tered
		onganor to or, occ		iorioa ciai							
SIGNATURE	Signature typed or profedition ciplinegisters	d agent and title if applie	able (NO	TE Registered	d Age	ont signature require	ed when reinstating)	DATE			
12.	OFFICERS	AND DIRECTOR	S	13.			ADDITIONS/CHANGES TO OFF	CERS AND	DIRECT	ORS IN	12
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NAME	BERGER, LAURIE			1.2 NA	AME						
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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 it changed, or on an attachment with an address.

***165.00

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