29

9. Name and Address of Current Registered Agent

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

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DOCUMENT # P96000102992

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90006 028 ***150.00

CAN WE TALK WIRELESS COMMUNICATIONS, INC.								
Principal Place of Bus	siness	Mailing Address		I INGLIDEL IN IDITE DILLI BOLLI BOLLI DELOL II	Oli Edilo ildig ibilo ibilo ilai ilai			
120 SOUTH (IXIE HW) SUITE #106 WEST PALM 3EACH FI US		7313 73RD WAY West Palm Beach Fl (33407	DO NOT WRITE IN THE 3. Date incorporated or Qualifed 12/19/1996	HIS SPACE			
2. Principal Place of	Business	2a. Mailing Address		4. FEI Nurnber	Appl ed For			
21		26		65-0721138	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State	-	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
7:-	Country	Zip	Country	a. This co-poration away the current year	lotangible			

BLAISE, KETLY 7313 73RD WAY WEST PALM BEACH FL 33407

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	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City F 85 Zip Cc de

Personal Property Tax.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named colorons 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. Fix rida Statutes.

SIGNATURE	Signature, typed or printed nar ie of registered agent and title if applicable.	(NOTE : I	Registered Agent signature required	d when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIC NS/CHANGE:	S TO OFFICERS / 1	ND DIRECTOR	
TITLE	D	ELETE	1.1 TITLE			Change	☐ Addition
NAME	SAPP, ROBERT C		1.2 NAME				
STREET ADDRESS	1		1.3 STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 33407		1.4 CITY-ST-ZIP				
TITLE		ELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE	□ D	ELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE	D	ELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE	_ D	ELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRE 3S			5 3 STREET ADDRESS				
CITY-ST-ZIP			54 CITY-ST-ZIP				
TITLE	D	ELETE	6.1 TITLE			☐ Change	Addition
NAME			6 2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

14. I hereby certify that the information supplied with this filing does not qualify fir 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 corpora ion 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, of pn an adjachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NG OFFICE ? OR DIRECTOR

[]No