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

PROFIT CORPORATION ANNUAL REPORT

1000



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1930				
DOCUMENT # P97000022123 (8)					
PAPI	D WIRELESS, INC.				
Principal Plac	ce of Business	Mailing Address			
,					
1461 BANKS RD MARGATE FL 33063		1461 BANKS RD MARGATE FL 33063		DO NOT WRITE IN TH	S SPACE
				3. Date Incorporated or Qualified	
5 D 2-517	Place of Business	A Marian Addison		03/01/1997	
2. Principal i	riace or pusiness	2a, Mailing Address 26		4, FEI Number	Applied For Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25 9. Name and Address of Curre		30	Personal Property Tax due June 30. 10. Name and Address of New Registere	
			81 Name	10.	
	SHERAR, CRAIG Z 3250 MARY ST, SUITE 202 82 Street			ress (P.O. Box Number is Not Acceptable)	
	COCONUT GROVE FL 33133		82 Street Add	ress (F.O. box Number is Not Acceptable)	
			83		
			B4 City		85 Zip Code
				<u>F</u>	
11, Pursuant office or	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607.1508, Florida Statute e of Florida. Such change was a	es, the above-named corp uthorized by the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered ppointment as registered
agent. I s	am familiar with, and accept the obliq	gations of, Section 607.0505, Flo	rida Statutes.	,	,,
SIGNATURE	Signature, typed or printed name of registered ag	NOTE and title diagraphy ablo (NOTE)	Registered Agent signature requi	red when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.3 TITLE		Change Addition
NAME	SINCLAIR, DOUGLAS		1.2 NAME		
STREET ADDRESS	1461 BANKS RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33063	T priete	1.4 CITY-ST-ZIP		D Otana
TITLE	1	☐ DELETE	2.1 TITLE 2.2 NAME		Change Addition
NAME STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TiTLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TOTLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE1 ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		—	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP]
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME.		
STREET ADDRESS			6.3 STREET ADDRESS		
1 000 00 00	İ		0.4.0070/.67.780		

64 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.

valuacrument with an adoress.

2E034 (10/97)

FILED

Feb 17 1998 8:00am

Secretary of State