

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90021 046 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000043439

1. Corporation Name
WIRELESS MARKET PLACE, INC.

Principal Place of Business 5121 ERLICH RD., STE. 101A TAMPA FL 33624	Mailing Address 5121 ERLICH RD., STE. 101A TAMPA FL 33624
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>5018 N. Clark Ave Tampa 33614</u>	2a. Mailing Address 26 <u>5018 N Clark Ave Tampa 33614</u>	3. Date Incorporated or Qualified <u>05/12/1997</u>	4. FEI Number <u>APPLIED FOR 59-3529791</u>	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 City & State <u>Tampa, Florida</u>	28 City & State <u>Tampa, Florida</u>	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24 Zip <u>33614</u> 25 Country <u>USA</u>	29 Zip <u>33614</u> 30 Country <u>USA</u>			

9. Name and Address of Current Registered Agent

MCEWEN, DAVID B
 150 SECOND AVE. N., STE. 1770
 ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name <u>Gary Matheson</u>
82 Street Address (P.O. Box Number is Not Acceptable) <u>5018 N. Clark Ave</u>
83
84 City <u>Tampa</u> 85 Zip Code <u>FL 33614</u>

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 Gary Matheson Gary Matheson DATE 1-13-99

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> DELETE
NAME WETMORE, SCOTT	
STREET ADDRESS 5121 ERLICH RD., STE. 101A	
CITY-ST-ZIP TAMPA FL 33624	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <u>D/C/O/T/S</u>	
1.3 STREET ADDRESS <u>Gary Matheson</u>	
1.4 CITY-ST-ZIP <u>5018 N. Clark Ave.</u>	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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, with all other like empowered.

SIGNATURE: Gary Matheson **NOT REQUIRED** DATE: 1-13-99 DAYTIME PHONE #: 813-871-1514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)