

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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

02-27-1999 90021 046 \*\*\*158.75

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1997

4. FEI Number

APPLIED FOR 59-3529791

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☒ No

2. Principal Place of Business

21 5018 N Clark Ave Tampa 33614

Suite, Apt. #, etc.

22

City & State

23 Tampa, Florida

Zip Country

24 33614 25 USA

2a. Mailing Address

26 5018 N Clark Ave Tampa 33614

Suite, Apt. #, etc.

27

City & State

28 Tampa, Florida

Zip Country

29 33614 30 USA

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

Gary Matheson

82 Street Address (P.O. Box Number is Not Acceptable)

5018 N Clark Ave

83

84 City

Tampa

FL

85 Zip Code

33614

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME D  
WETMORE, SCOTT  
STREET ADDRESS 5121 ERLICH RD., STE. 101A  
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME D/C/P/T/S/

1.3 STREET ADDRESS Gary Matheson

1.4 CITY-ST-ZIP 5018 N. Clark Ave.

Tampa, FL 33614

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99

Date

813-871-1514

Daytime Phone #

CR2E034 (11/98)

0396112