


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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Morikami Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97 000043994 1. Corporation Name WIRELESS VEHICLE IDENTIFICATION, INC. WIRELESS CONCEPTS, INC.					
Principal Place of Business 1238 NW 19TH TERRACE DELRAY BEACH, FLORIDA			Mailing Address 33445		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		MAY 15, 1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Country		65-0803509	
24		25		29	
30		31		32	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
D.B. KRUG KRUGER 1238 NW 19TH TERRACE DELRAY BEACH FL 33445			81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		

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		DATE	
Signature of person or persons of registered agent and the applicable (NO "C" Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		1.2 NAME	
PRESIDENT		CARLOS MEDINA	
1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
121 14TH AVE		INDIAN ROCKS BLVD, FL 33785	
2.1 TITLE		2.2 NAME	
DIRECTOR		DON WRAY	
2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
140 LOCUST RUN		OCALA, FL 34472	
3.1 TITLE		3.2 NAME	
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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.

SIGNATURE D.B. Krug Kruger 3/13/98 561-265-0834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)