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Jul 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 97000065516
1. Corporation Name
THIRD MILLENNIUM Wireless COMMUNICATIONS, INC.

Principal Place of Business Mailing Address SAME
747 NORTH FEDERAL HWY
STUART, FL 34994

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 747 NORTH 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 FEDERAL HWY 27
City & State City & State
23 STUART, FL 28
Zip Country Zip Country
24 34994 25 USA 29 30

3. Date Incorporated or Qualified 7/20/97
4. FEI Number 65-0769477 Applied For Not Applicable
5. Certificate of Status Desired A \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
MAY ELEN CROTEAU
8729 SE WOODWIND ST
HOBE SOUND, FL 33455

10. Name and Address of New Registered Agent
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 Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reissuing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRES - SECRETARY <input type="checkbox"/> DELETE
NAME	MAY ELEN CROTEAU
STREET ADDRESS	8729 SE WOODWIND ST.
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	VP - TREAS. <input type="checkbox"/> DELETE
NAME	KEITH CROTEAU
STREET ADDRESS	8729 SE WOODWIND ST
CITY-ST-ZIP	HOBE SOUND, FL 33455
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	300002594469 US
53 STREET ADDRESS	-07/21/98--01092--025
54 CITY-ST-ZIP	***8.75 7.21
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	300002594469
63 STREET ADDRESS	-07/21/98--01092--024
64 CITY-ST-ZIP	***150.00

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: MAY ELEN CROTEAU Mary Ellen Croteau 6/1/98 561-692-2292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, mo Phone #

CR2E034 (10/97)