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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000077291

1. Corporation Name

COMPLETELY WIRELESS CORPORATION



Principal Place of Business

3340 SOUTH 17-92
CASSELBERRY FL 32707

Mailing Address

POST OFFICE BOX 181788
CASSELBERRY FL 32718-1788

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1997

4. FEI Number

59-3472402

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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 3340 S. U.S. Hwy 17-92

2a. Mailing Address

26 Suite, Apt. #, etc.
27 PO Box 182153

City & State

23 Casselberry FL

City & State

28 Casselberry FL

Zip Country

24 32707 25 US

Zip Country

29 32718-2153 30 US

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME MARTINELLI, CHRISTOPHER A

STREET ADDRESS P.O. BOX 181788

CITY-ST-ZIP CASSELBERRY FL 32718-1788

TITLE VD ☒ DELETE

NAME MILLS, JOANNE

STREET ADDRESS P.O. BOX 181788

CITY-ST-ZIP CASSELBERRY FL 32718-1788

TITLE D ☒ DELETE

NAME GONZALEZ, ALEJANDRO

STREET ADDRESS P.O. BOX 181788

CITY-ST-ZIP CASSELBERRY FL 32718-1788

TITLE D ☐ DELETE

NAME MILLS, JOHN S

STREET ADDRESS P.O. BOX 181788

CITY-ST-ZIP CASSELBERRY FL 32718-1788

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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:

Christopher A. Martinelli

Date

Daytime Phone #

4-30-99

407-570-5953