Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90218 028 ***158.75

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000108058

1. Corporation Name

WIRELESS SERVICE GROUP, INC.

**#ILLEO	S SERVICE GROOT, INC.								
Principal Place	of Rusiness	Mailing Address				-	(BOIDE (JOSE D	FINI INIII BUINE I	OLINI LOLL LON
12401 62ND ST	·	12401 62ND ST							
STE 202		STE 202				· .			
LARGO FL 33773 LARGO FL 33773						DO NOT WRITE IN THIS SPACE			
US US -					-	3. Date Incorporated or Qualifed			
						12/24/1997			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Apr	plied For
21	•	26				59-3492890		Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	絃	\$8.75 A	
22 27						5. Cermone of Chains Cosmod		Fee Re	quired
City & State	3 .	City & State	•			6. Election Campaign Financing		\$5.00	May Be
23	<u> </u>	28				Trust Fund Contribution	<u> </u>	Added to	o Fees
Zip	Country	Zip	Co	untry	'	8. This corporation owes the curre	nt year Inta		
24	25 29 30					Personal Property Tax. Yes No			
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Ro	egister <u>ed</u>	Agent	
				81	Name				
GARRISON, DONALD C				82	Street Addre	ess (P.O. Box Number is Not Acceptal	ole)		
12401 62ND ST N				-					
STE 202				83					
LARGO FL 33773				-			 _	85 Zip C	Code
İ				84	City		FL	, 65 210 0	,ode
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	 	13.		R aignature roquiree	ADDITIONS/CHANGES TO OFF		D DIRECTO	RS IN 12
TITLE .	STPV	DELETE	_	TITLE				Change	Addition
NAME	GARRISON, DONALD C SR.			NAME	1				
2000 DELICAN ODEEK ODGOODING					T ADDRESS				
STREET ADDRESS	ST. PETERSBURG FL 33707	10							
CITY-ST-ZIP	SI. PETENSBURG PL 33/0/	☐ DELETE		CITY-S	1.219			☐ Change	Addition
TITLE			- 4	NAME	·		• •		=
NAME									1
STREET ADDRESS					TADDRESS				
CITY-ST-ZIP	<u> </u>	DELETE	_	CITY-S	si-ZIP			Change	Addition
TITLE		C DELETE		TITLE					
NAME	•			NAME					
STREET ADDRESS			3.3 S	STREE	TADDRESS				
CITY-ST-ZIP		[*]	_	CITY-S	ST-ZIP			☐ Change	Addition
TITLE		☐ DELETE		TITLE				☐ Change	☐ Addidon (
NAME			4. 2	NAME	j				
STREET ADDRESS			4.3 9	STREE	TADDRESS	•			
CITY-ST-ZIP			4.4 0	CITY-S	T-ZIP	<u> </u>			
TITLE		☐ DELETE	5.1 T	TITLE				Change	☐ Addition
NAME			5.2 N	NAME					}
STREET ADDRESS			5.3 \$	STREE	TADDRESS				
CITY-ST-ZİP			5.4 0	CITY-S	T-ZIP		=		
TITLE		☐ DELETE	6.17	ППLE				☐ Change	☐ Addition

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.

6.2 NAME

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP