

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
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90177 007 ***150.00

DOCUMENT # P98000017095

1. Corporation Name

DIGICOM WIRELESS SERVICES, INC.

Principal Place of Business

5617 BUCHANAN DRIVE
FORT PIERCE FL 34982

Mailing Address

5617 BUCHANAN DRIVE
FORT PIERCE FL 34982

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1998 65-0814171

2. Principal Place of Business

21 1150 S. Federal
Suite, Apt. #, etc.

2a. Mailing Address

26 1150 S. Federal Hwy
Suite, Apt. #, etc.

4. FEI Number

65-0814171

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 Stuart FL

City & State

28 Stuart, FL

Zip Country

24 34994 25 Martin

Zip Country

29 34994 30 Martin

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

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Michael Spieles

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

1150 S Federal Hwy

83

84 City

Stuart

FL

85 Zip Code

34994

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

Michael Spieles

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-99

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME FLIETH, OTIS W
STREET ADDRESS 5617 BUCHANAN DRIVE
CITY-ST-ZIP FORT PIERCE FL 34982

DELETE

TITLE VSD
NAME MARK, JONATHAN J
STREET ADDRESS 5617 BUCHANAN DRIVE
CITY-ST-ZIP FORT PIERCE FL 34982

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME MARK, JONATHAN
1.3 STREET ADDRESS 1150 S. Federal Hwy
1.4 CITY-ST-ZIP Stuart FL 34994

Change Addition

2.1 TITLE S/D
2.2 NAME Debra Spieles
2.3 STREET ADDRESS P.O. Box 2418
2.4 CITY-ST-ZIP Palm City, FL 34991

Change Addition

3.1 TITLE
3.2 NAME Louis Sousa
3.3 STREET ADDRESS 1150 S Federal Hwy
3.4 CITY-ST-ZIP Stuart, FL 34994

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Michael Spieles

Date

1-8-99

Daytime Phone #

561-263-3030

CR2E034 (1/198)

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