PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

Mar 02, 1999 8:00 am Secretary of State 03-02-1999 90090 011 ***150.00

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DOCUMENT # P98000017359

WIRELESS TECHNOLOGY CORPORATION OF AMERICA, INC.

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| Principal Place | e of Business | Mailing Address | | | | | * 1201100* 17 | • ••••• | | | | |
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| <u>⊢≕</u> . | lace of business | ⊢ ĭ | 3,53 | | | -17. | C-084 | 3915 | | | Applicable | 1 |
| 21 Suite Ant | # etc | 26 Suite, Apt. #, | etc. | | | - 1 10 | J 70 1 | <u> </u> | | \$8.75 A | | 1 |
| Suite, Apt. #, etc. | | 27 | | | | | Certificate of S | tatus Desired | | Fee Re | | l |
| City & Stat | te | City & State | | | | 6.1 | Election Camp | aign Financing | | \$5.00 | May Be | 1 |
| 23 | | 28 | | | | | Trust Fund Co | - | ' 🛭 | Added to | | J |
| 7ip | Country | Zip | | ountry | | -8-1 | This corporatio | on owes the cu | ment year in | angible — | | |
| 24 | 25 | 29 | 30 | | | F | Personal Prop | erty Tax. | | Yes | □No | ļ |
| | 9. Name and Address of Co | urrent Registered Agent | | | | 10. | Name and Ad | Idress of New | Registered | Agent | | 1 |
| | | ** | | 81 | Name | | | | | | | ļ |
| | AS, DEAN | | | 82 | Street | Address (P. | O. Box Numbe | er is Not Accep | table) | | | ĺ |
| | WEST SAMPLE ROAD ST | Ę. 103 | | | 0 | | | | | | | 1 |
| COH | VAL SPRINGS FL 33065 | | | 83 | | | | | | • | | 1 |
| | | | | 84 | City | | | | | 85 Zip C | ode | ł |
| | | | | - 1 i | City | | | | FL | _ } | | |
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| 11, Pursuant | to the provisions of Sections 607 | 7.0502 and 607.1508, Florid | da Statutes, the | above | named | corporation | submits this s | tatement for th | e purpose of | changing its | registered | |
| 11. Pursuant office or r | to the provisions of Sections 607 registered agent, or both, in the 5 | 7.0502 and 607.1508, Florid State of Florida. Such chang obligations of, Section 607.0 | da Statutes, the ge was authoriz 505, Florida St | above zed by ti tatutes. | named the corpo | corporation oration's boa | submits this s and of directors | tatement for th s. I hereby acc | e purpose of ept the appo | changing its Intract as reg | registered istered | |
|] | to the provisions of Sections 607 registered agent, or both, in the 5 am familiar with, and accept the c | 7.0502 and 607.1508, Floric State of Florida. Such chang obligations of, Section 607.0 | da Statutes, the ge was authoriz 0505, Florida St | above- zed by the tatules. | named the corpo | corporation oration's bos | submits this s ard of directors | talement for th s. I hereby acc | e purpose of ept the appo | changing its intment as reg | registered jistered | |
| 11. Pursuant office or r agent. I a | to the provisions of Sections 60's registered agent, or both, in the S am familiar with, and accept the c Signature, typed or printed name of registers | | | | | equired when rail | nstarting) | | DATE | | | (8) |
|] | Signature, typed or printed name of registere OFFICER | ed agent and title if applicable. S AND DIRECTORS | (NOTE: Register | red Agent 3. | | equired when ret | nstating) DOITIONS/CH | ANGES TO O | DATE | ID DIRECTO | RS IN 12 | 1/98) |
| SIGNATURE | Signature, typed or printed name of registers OFFICER DSTP | ed agent and title if applicable. | (NOTE: Register 1: | red Agent 3. I TITLE | | All Ce | Preside | ANGES TO O | DATE | | RS IN 12 | (11/98) |
| SIGNATURE | Signature, typed or printed name of registers OFFICER DSTP LUCAS, DEAN | ad agent and late if applicable. S AND DIRECTORS | (NOTE: Register 1: | red Agent 3. | signature n | All Ce | CLESTONE/CH | ANGES TO O | DATE FFICERS AM | ID DIRECTO | RS IN 12 | 334 (11/98) |
| SIGNATURE 12. TITLE | Signature, typed or primed name of registers OFFICER DSTP LUCAS, DEAN 9690 WEST SAMPLE ROAL | ad agent and little if applicable. S AND DIRECTORS D STE. 103 | (NOTE: Register 1: ELETE 1.1 | red Agent 3. I TITLE | signature n | All Ce | CLESTONE/CH | ANGES TO O | FFICERS AN | ID DIRECTO | RS IN 12 | 2E034 (11/98) |
| SIGNATURE 12. TITLE NAME | Signature, typed or printed name of registers OFFICER DSTP LUCAS, DEAN | nd agent and little if applicable. S AND DIRECTORS D STE. 103 | (NOTE: Register 1.1 1.2 1.3 1.4 | red Agent 3. I TITLE 2 NAME | algneture n | All Ce | CLESTONE/CH | ANGES TO O | FFICERS AN | ID DIRECTOL | RS IN 12 | CR2E034 (11/98) |
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plied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, i further certify that the Information mental 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 an exemption or in the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in attachment with an address, with all other like empowered. 14. Thereby certify that the information indicated on this annual report of softicer or director of the corporation Block 12 or Block 13 if changed, or