FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P98000027989

ASTROTEK WIRELESS, INC.

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90027 049 ***150.00



Principal Place	of Business	Mailing Address				I SPATSANT FIN LANGE COLLEGE MATTER	91(8 1611 (9919 (911	
171 NORTH U.S. HWY 1 171 NORTH U.S. HA TEQUESTA FL 33469 TEQUESTA FL 33469						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						03/24/1998		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26				65-0822781		lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27			5. Certifcate of Status Desired S8.75 Additional Fee Required		
City & State		City & State			سنوبين	-6. Election.Campaign Financing	•	May Be
23)		Zip Country				Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible		
Zip	Country					8. This corporation owes the current year Personal Property Tax.	[X] Yes	□No
24		25 29 30 Name and Address of Current Registered Agent		10. Name and Address of New Regis				
	9. Name and Address of Curre	iit Kegistered Agent		81 N	ame		•	
FON ¹	TANTA, MARCO							
	NORTH U.S. HWY 1	•	82 Street Add		treet Addre	ess (P.O. Box Number is Not Acceptable)		
	JESTA FL 33469			83		***		
							11	
14				84 C	ity		FL 85 Zip	Code
11 Pursuant 1	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the a	bove-na	amed corpo	pration submits this statement for the purpos n's board of directors. I hereby accept the a	e of changing if	ts registered
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a ations of, Section 607.0505, Flo	uthorized rida Stat	d by the utes.	corporatio	n's board of directors. I hereby accept the a	opointment as r	registered
SIGNATURE		and this if applicable (NOTE	Perioterer	1 Agent sign	nature required	when reinstating) DATI	<u> </u>	
12.	Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
TITLE	D	☐ DELETE 1.1		TLE	P		Change	
NAME	FONTANA, MARCO		1.2 N	AME		ONTANA, MARCO		
STREET ADDRESS	171 NORTH U.S. HWY 1		1.3 \$1			71 NORTH U.S. HWY 1		}
CITY-ST-ZIP	TEQUESTA FL 33469			TTY-ST-ZIÉ	, Т	EQUESTA FL 33469		
TITLE	12402017.72 30100	☐ DELETE	2.1 ∏		V		Change	Addition
NAME			2.2 N	AME	F	ONTANA, MARCO		
STREET ADDRESS			2.3 \$	TREET ADI	DRESS 1	71 NORTH U.S. HWY 1		
CITY-ST-ZIP	·		2.40	CITY-ST-ZI	_P T	EQUESTA FL 33469		
TITLE	DELETE		3.1 Ti	MLE	· . T	a su a su	Change	Addition
NAME	•		3.2 N	AME		AMIREZ, JOCELYNNE		
STREET ADDRESS			3.3 S	TREET ADI	JKE33 I	71 NORTH U.S. HWY 1		
CITY-ST-ZIP ·			3.4. 0	CITY-ST-ZI		EQUESTA FL 33469	····	
TITLE		☐ DELETE	4.1 ∏	ITLE	S		☐ Change	e 🔼 Addition
NAME			4.21	VAME		AMIREZ, JOCELYNNE		Ì
STREET ADDRESS			4.3 S	TREET ADI		71 NORTH U.S. HWY 1		1
CITY-ST-ZIP	•		4.4 C	ITY-ST-ZI	P]	EQUESTA FL 33469		
TITLE	-	☐ DELETE	5.1 T				Change	e Addition
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STREET ADDRESS			5.3 S	TREET AD	DRESS	•		Į
CITY-ST-ZIP				TY-ST-ZII	P]			
TITLE		☐ DELETE	6.1 T	ITLE			☐ Change	e
NAME			6.2 N					[
STREET ADDRESS			6.3 S	TREET AD	DRESS			
CITY-ST-ZIP	4		6.4 0	TY-ST-ZI	Р			

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: _

Daytime Phone #