

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
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90050 022 ***150.00

0412501

DOCUMENT # **P98000040082**

1. Corporation Name
IN-TOUCH WIRELESS, INC.

Principal Place of Business
**1627 A GULF TO BAY BLVD.
CLEARWATER FL 33755**

Mailing Address
**1627 A GULF TO BAY BLVD.
CLEARWATER FL 33755**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/04/1998

4. FEI Number
59-3508434

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 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

MOORE, STEVEN W
2240 BELLEAIR ROAD STE. 160
CLEARWATER FL 33755

10. Name and Address of New Registered Agent

81 Name **INSALACO ROBERT L.**
82 Street Address (P.O. Box Number is Not Acceptable)
1627 A GULF TO BAY BLVD
83
84 City **CLEARWATER** FL 85 Zip Code **33755**

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 ☐ DELETE

TITLE **D**
NAME **INSALACO, NORTH L**
STREET ADDRESS **1627 A GULF TO BAY BLVD.**
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **D**
NAME **INSALACO, GEORGETTE**
STREET ADDRESS **1627 A GULF TO BAY BLVD.**
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME **INSALACO, ROBERT L.**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

6.1 TITLE ☐ 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:

RE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)