


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90007 039 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P98000097967</b> ✓		
1. Corporation Name <b>FLORIDA WIRELESS SERVICES, INC.</b>		



Principal Place of Business <b>100 E. LINTON BLVD. STE. 157-A DELRAY BEACH FL 33483</b>	Mailing Address <b>100 E. LINTON BLVD. STE. 157-A DELRAY BEACH FL 33483</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>100 E. Linton Blvd.</b>		2a. Mailing Address 26 <b>100 E. Linton Blvd.</b>		3. Date Incorporated or Qualified <b>11/18/1998</b>	
Suite, Apt. #, etc. 22 <b>Suite 157-A</b>		Suite, Apt. #, etc. 27 <b>Suite 157-A</b>		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
City & State 23 <b>Delray Beach, FL</b>		City & State 28 <b>Delray Beach, FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip 24 <b>33483</b>		Country 25 <b>Palm Beach</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Zip 29 <b>33483</b>		Country 30 <b>Palm Beach</b>		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>SALGADO, SAMUEL 1815-B SAN JUAN DRIVE DELRAY BEACH FL 33445</b>				10. Name and Address of New Registered Agent	
				81 Name <b>SALGADO, SAMUEL</b>	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>1815-B San Juan Dr.</b>	
				83	
				84 City <b>Delray Beach</b> FL 85 Zip Code <b>33445</b>	

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 _____	
<b>12. OFFICERS AND DIRECTORS</b>					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>					
1.1 TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	<b>Christa Keppler</b>				
1.3 STREET ADDRESS	<b>1815-B San Juan Dr.</b>				
1.4 CITY-ST-ZIP	<b>Delray Beach, FL 33445</b>				
2.1 TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	<b>Samuel Salgado</b>				
2.3 STREET ADDRESS	<b>1815-B San Juan Dr.</b>				
2.4 CITY-ST-ZIP	<b>Delray Beach, FL 33445</b>				
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 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.

**SIGNATURE:** SIGNATURE REQUIRED **Samuel Salgado, President** 07-01-99 (561) 243-3338  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

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07-01-99

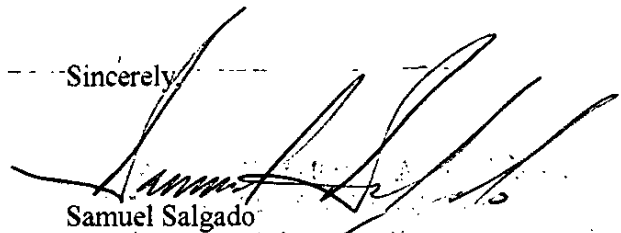
Florida Wireless Services, Inc.  
100 E. Linton Blvd.  
Suite 157-A  
Delray Beach, FL 33483

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sirs,

We received annual report packet marked "2nd notice". I was told by a representative in your office named "Ruth" that we should have received a packet earlier in the year. After explaining to her that we were just recently incorporated in November (1998), she informed me that we may have been omitted from your mailing and to submit payment to your office, with this letter attached, in order to avoid a \$400.00 penalty. Please find our check enclosed in the amount of \$150.00. We apologize for the delay.

Sincerely,



Samuel Salgado  
President

Florida Wireless Services, Inc.