**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT
**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Aug 06 1996 8:00 am**
**Secretary of State**

DOCUMENT # **V43833** **(5)**

1. Corporation Name
**O'AHU WIRELESS CABLE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 6950 CENTRAL AVENUE<br>SUITE 180<br>ST. PETERSBURG FL 33707 | 6950 CENTRAL AVENUE<br>SUITE 180<br>ST. PETERSBURG FL 33707 |

3. Date Incorporated or Qualified: 06/15/1992
3a. Date of Last Report: 08/01/1995

2. Principal Place of Business — 21: 3259 E. Koapaka Street
2a. Mailing Address — 26: PO Box 47397
4. FEI Number: 59-3127852 ☐ Applied For ☐ Not Applicable
Suite, Apt #, etc — 22:
Suite, Apt #, etc — 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23: Honolulu, HI 96819
City & State — 28: St. Petersburg, FL 33743
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24: 96819 Country — 25:
Zip — 29: 33743 Country — 30:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes XX No

**9. Name and Address of Current Registered Agent**

CARD, ALLYCE M.
6950 CENTRAL AVENUE
SUITE 180
ST. PETERSBURG FL 33707

**10. Name and Address of New Registered Agent**

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 6950 Central Avenue
83: Suite 160
84 City: St. Petersburg **FL** 85 Zip Code: 33707

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 _____ (NOTE: Registered Agent's signature required when registered agent is changed) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D,S | ☐ DELETE | 11 TITLE | D,T | ☐ Change XX Addition |
| NAME | CARD, ALLYCE M. | | 12 NAME | Gordon Y.S. Yee | |
| STREET ADDRESS | 6950 CENTRAL AVE., #180 | | 13 STREET ADDRESS | 3259 E. Koapaka Street | |
| CITY-ST-ZIP | ST. PETERSBURG FL | | 14 CITY-ST-ZIP | Honolulu, HI 96819 | |
| TITLE | | ☐ DELETE | 21 TITLE | D | ☐ Change XX Addition |
| NAME | | | 22 NAME | Milton R. Ozaki | |
| STREET ADDRESS | | | 23 STREET ADDRESS | 3259 E. Koapaka Street | |
| CITY-ST-ZIP | | | 24 CITY-ST-ZIP | Honolulu, HI 96819 | |
| TITLE | | ☐ DELETE | 31 TITLE | D | ☐ Change XX Addition |
| NAME | | | 32 NAME | Richard T. Grimm | |
| STREET ADDRESS | | | 33 STREET ADDRESS | 3259 E. Koapaka Street | |
| CITY-ST-ZIP | | | 34 CITY-ST-ZIP | Honolulu, HI 96819 | |
| TITLE | | ☐ DELETE | 41 TITLE | D | ☐ Change XX Addition |
| NAME | | | 42 NAME | John A. McGary | |
| STREET ADDRESS | | | 43 STREET ADDRESS | 20640 Highway 82 | |
| CITY-ST-ZIP | | | 44 CITY-ST-ZIP | Basalt, CO 81621 | |
| TITLE | | ☐ DELETE | 51 TITLE | P | ☐ Change XX Addition |
| NAME | | | 52 NAME | Steven Berkoff | |
| STREET ADDRESS | | | 53 STREET ADDRESS | 3259 E. Koapaka Street | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | Honolulu, HI 96819 | |
| TITLE | | ☐ DELETE | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 62 NAME | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | | |

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Allyce M. Card Allyce M. Card, Secretary 7/31/96 (813) 343-7478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #