

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 MAY 10 AM 10:38**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P93000033619**

1. Corporation Name  
**Tel-Com Wireless Cable TV Corporation**

Principal Place of Business Mailing Address  
**921 N. Pennsylvania Ave. Same  
Winter Park, FL 32789**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>5/7/93</b>	3a. Date of Last Report <b>5/1/94</b>
4. FEI Number <b>59-3175814</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>921 N. Penn. Ave.</b>	26 <b>Same</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 <b>Winter Park, FL</b>	28 <b>Winter Park, FL</b>
24 <b>21789</b>	25 <b>USA</b>
29 <b>21789</b>	30 <b>USA</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>Fernand L. Duquette 3855 So. Atlantic Avenue- PH-3 Daytona Beach Shores, FL 32127</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P/S/T/D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Fernand L. Duquette</b>	1.2 NAME	
STREET ADDRESS	<b>3855 So. Atlantic Ave. - PH-3</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>Daytona Beach Shores, FL 32127</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VP/D</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Dennis Devlin</b>	2.2 NAME	<b>600001488066</b>
STREET ADDRESS	<b>34131 Michigan Ave.</b>	2.3 STREET ADDRESS	<b>-05/16/95--01011--016</b>
CITY - ST - ZIP	<b>Wayne, MI 48184</b>	2.4 CITY - ST - ZIP	<b>*****225.00 *****225.00</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	<b>600001488066</b>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<b>-05/16/95--01011--017</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>*****8.75 *****8.75</b>
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(k), Florida Statutes. I further certify that the information indicated in 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 and I am authorized to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **5/9/95** **(407) 422-0300**  
SIGNATURE AND TITLE OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR Date Date of Filing