

FILE NOW. FILING FEE AFTER MAY 1 IS \$550.00

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Aug 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000033619
1. Corporation Name
TEL-COM WIRELESS CABLE TV CORP.

Principal Place of Business Mailing Address
1506 N.E. 162nd Street
North Miami Beach, FL 33162

2. Principal Place of Business 2a. Mailing Address
21 1506 N.E. 162nd ST. 26 Same as above
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State North Miami Beach, FL 28 City & State
24 Zip 33162 25 Country U.S.A. 29 Zip 30 Country

3. Date Incorporated or Qualified 3a. 05/07/1993 03/25/97
4. FEI Number 59-3175814 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
81 Name MELVIN ROSEN
82 Street Address (P.O. Box Number is Not Acceptable) 1506 N.E. 162nd Street
83
84 City North Miami Beach FL 85 Zip Code 33162

11. Pursuant to the provisions of Sections 607.0507 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]* (NOT Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD DUQUETTE FERNAND L. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	MELVIN ROSEN <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3885 S. ATLANTIC AVE. PH 3	1.2 NAME	1506 N.E. 162nd St.
STREET ADDRESS	Daytona Beach, FL 32127	1.3 STREET ADDRESS	North Miami Beach, FL 33162
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D Vega Richard L. <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Samuel H. Simkin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1245 W. Fairbanks Ave	2.2 NAME	1506 N.E. 162nd St.
STREET ADDRESS	Winter Park, FL 32789	2.3 STREET ADDRESS	North Miami Beach, FL 33162
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	P Crowley, J. Richard <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8576 Shimmerville Place	3.2 NAME	
STREET ADDRESS	Orlando, FL 32619	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD DEVLIN, Dennis <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	34131 Michigan Avenue	4.2 NAME	
STREET ADDRESS	Wayne, MI 48164	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	100002258881
STREET ADDRESS		6.3 STREET ADDRESS	--08/06/97--01017--005
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

14. I do 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)