

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 29 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT **1998**



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

**DOCUMENT #** P93000033619 (6)  
 1. Corporation Name  
**Tel-Com Wireless Cable TV Corp**

Principal Place of Business: **1506 NE 162 Street, N. Miami Beach, FL 33162**  
 Mailing Address: **1506 NE 162 Street, N. Miami Beach, FL 33162**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **5-7-93**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: **21** Suite, Apt. #, etc: **22** City & State: **23** Zip: **24** Country: **25**

2a. Mailing Address: **26** Suite, Apt. #, etc: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**Rosen, Melvin**  
**1506 NE 162 Street**  
**N. Miami Beach, FL 33162**

10. Name and Address of New Registered Agent

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **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: \_\_\_\_\_ (NAME) \_\_\_\_\_ (DATE)

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Rosen, Melvin	
STREET ADDRESS	1506 NE 162 Street	
CITY-ST-ZIP	N. Miami Beach, FL 33162	
TITLE	DI	<input type="checkbox"/> DELETE
NAME	Devlin, Dennis	
STREET ADDRESS	34131 Michigan Ave	
CITY-ST-ZIP	Wayne, MI 48184	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	Simkin, Samuel H	
STREET ADDRESS	1506 NE 162 Street	
CITY-ST-ZIP	N. Miami Beach, FL 33162	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James Pekarek	
1.3 STREET ADDRESS	1506 NE 162 Street	
1.4 CITY-ST-ZIP	N. Miami Beach, FL 33162	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	D	
2.2 NAME	Eric Leftkowitz	
2.3 STREET ADDRESS	1506 NE 162 Street	
2.4 CITY-ST-ZIP	N. Miami Beach, FL 33162	<input type="checkbox"/> Addition
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: *James Pekarek* **JAMES PEKAREK** 4/22/98 305-947-3070

CR2E034 (10/97)