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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000033619

1. Corporation Name

TEL-COM WIRELESS CARLE TV CORPORATION

City & State	27 City & State 28 Zip Country				
City & State	City & State				
2	27				
	Suite, Apt. #, etc.				
Suite, Apt. #, etc.					
21	26				
2. Principal Place of Business	2a. Mailing Address				

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DO	NOT	WRITE	IN	THIS	SPACI

3. Date Incorporated or Qualifed

05/07/1993

2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		Applied For		
21		26			59-3175814		Not Applicable		
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	5 Additional e Required		
City & Sta	ate	City & State			Election Campaign Financing Trust Fund Contribution	•	00 May Be led to Fees		
Zip 24	Country 25	Zip 30	Country	,	This corporation owes the current year In Personal Property Tax.	tangible	□No		
	9. Name and Address of Current	Registered Agent	<u> </u>		10. Name and Address of New Registered	Agent			
PΩ	ISEN MELVIN		81	Name					
ROSEN, MELVIN 1506 N.E. 162ND STREET			82	82 Street Address (P.O. Box Number is Not Acceptable)					
NO	ORTH MIAMI BEACH FL 33162		83						
			84	City	FL	85 2	Zip Code		
office or agent. I	registered agent, or both, in the State of am familiar with, and accept the obligation	f Florida. Such change was auth	orized by	the corpo	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appo	changing intment a	g its registered is registered		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	nt signature n	equired when reinstating) DATE				
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AI	ND DIRE			
TITLE	PSTD	☐ DELETE	1.1 TITLE			Chai	nge 🗌 Addition		
NAME	ROSEN, MELVIN		1.2 NAME						
STREET ADDRES	s 1506 N.E. 162ND ST.		1.3 STREE	T ADDRESS					
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	2	1.4 CITY-5	T-ZIP					
TITLE	D	☐ DELETE	2.1 TITLE			Char	nge		

DEVLIN, DENNIS 2.2 NAME NAME STREET ADDRESS 34131 MICHIGAN AVE. 2.3 STREET ADDRESS **WAYNE MI 48184** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 3.1 TITLE SIMKIN, SAMUEL H 3.2 NAME NAME 3.3 STREET ADDRESS 1506 NE 162 STREET STREET ADDRESS N. MIAMI BEACH FL 33162 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE CFO TITLE 4. 2 NAME NAME PEKAREK, JAMES 1506 NE 162 STREET 4.3 STREET ADDRESS STREET ADDRESS N. MIAMI BEACH FL 33162 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME LEFTKOWITZ. ERIC 5.3 STREET ADDRESS 1506 NE 162 STREET STREET ADDRESS 5.4 CITY-ST-ZIP N. MIAMI BEACH FL 33162 CITY-ST-ZIP 6.1 TITLE Addition Change ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 outh; 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 office appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)