

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.**  
**AMOUNT DUE ON OR BEFORE 8/10/94: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$175)**

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1994**



**FLORIDA DEPARTMENT OF STATE**  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

94 AUG -2 AM 10: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # J46298 (2)**

1. Corporation Name  
**AIR WAVE SYSTEMS, INC.**

Mailing Address  
**905 HARBOR LAKE DRIVE #A  
SAFETY HARBOR FL 34695**

Principal Place of Business  
**935 HARBOR LAKE DRIVE #A  
SAFETY HARBOR FL 34695**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/10/1986** 3a. Date of Last Report **04/06/1993**

If above addresses are incorrect in any way, list through incorrect information and enter correction below

2. Mailing Address		2e. Principal Place of Business		4. FEI Number <b>59-2748690</b>		Applied For Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
22. City & State		27. City & State		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country		30. Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**D & B CORPORATE SERVICES, INC.  
ONE 4TH STREET NORTH, SUITE 770  
ST. PETERSBURG FL 33701**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**5999 Central Avenue, Suite 202**  
83  
84 City **St. Petersburg,** FL 85 Zip Code **33710**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation certifies 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 or 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>D/P ELBERS, WALTER W. III</b>	1.1 TITLE	
1.2 NAME	<b>ELBERS, WALTER W. III</b>	1.2 NAME	
1.3 STREET ADDRESS	<b>935 HARBOR LAKE DRIVE #A</b>	1.3 STREET ADDRESS	
1.4 CITY, ST., ZIP	<b>SAFETY HARBOR FL</b>	1.4 CITY, ST., ZIP	
2.1 TITLE	<b>D/P ELBERS, DAVID</b>	2.1 TITLE	
2.2 NAME	<b>ELBERS, DAVID</b>	2.2 NAME	
2.3 STREET ADDRESS	<b>935 HARBOR LAKE DRIVE #A</b>	2.3 STREET ADDRESS	
2.4 CITY, ST., ZIP	<b>SAFETY HARBOR FL</b>	2.4 CITY, ST., ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY, ST., ZIP		3.4 CITY, ST., ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY, ST., ZIP		4.4 CITY, ST., ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY, ST., ZIP		5.4 CITY, ST., ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 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 Sections 119.07(3)(b), 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 or 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:

David L. Elbers, Pres.

1-813-726-5018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone No.