

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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90030 010 ***150.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # J46298 ✓

1. Corporation Name
Air Wave Systems, Inc.

Principal Place of Business Mailing Address
 935 Harbor Lake Drive 935 Harbor Lake Drive
 Safety Harbor, FL 34695 Safety Harbor, FL 34695

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 12-10-86

2. Principal Place of Business	2a. Mailing Address
21 1155 Armitage Avenue	26 1155 Armitage Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 602	27 Suite 602
City & State	City & State
23 Chicago, Illinois	28 Chicago, Illinois
Zip Country	Zip Country
24 60614 25 USA	29 60614 30 USA

4. FEI Number 59-2748690 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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
 D&B Corporate Services, Inc.
 5999 Central Avenue, Ste. 202
 St. Petersburg, FL 33710

10. Name and Address of New Registered Agent

81 Name	D. Michael O'leary, Esquire
82 Street Address (P.O. Box Number is Not Acceptable)	101 E. Kennedy Boulevard
83	Suite 2700
84 City	Tampa
85 Zip Code	FL 33602

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 *D. Michael O'leary*

DATE 4/13/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D/P	<input checked="" type="checkbox"/> DELETE
NAME	David Elbers.	
STREET ADDRESS	935 Harbor Lake Dr. #A	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Scott D. McGowan	
STREET ADDRESS	1155 Armitage Ave., #602	
CITY-ST-ZIP	Chicago, IL 60614	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Scott D. McGowan
2.3 STREET ADDRESS	1155 Armitage Ave. #602
2.4 CITY-ST-ZIP	Chicago, IL 60614
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, with all other like empowered.

SIGNATURE: *Scott D. McGowan* SCOTT D. MCGOWAN 4/21/99 312-832-1166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)