

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

FILED

**May 01 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 # P95000035951 (9)
1. Corporation Name
NU-WAVE HEALTH PRODUCTS, INC.



Principal Place of Business: 5905-A HAMPTON OAK PKWY. TAMPA FL 33610
Mailing Address: 5905-A HAMPTON OAK PKWY. TAMPA FL 33610-9570

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. 5905-A Hampton Oaks Pkwy.	26. 5905-A Hampton Oaks Pkwy.	05/01/1995	07/24/1996
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number	Applied For
23. Tampa, FL	28. Tampa, FL	59-3331491	Not Applicable
24. 33610	29. 33610	6. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Hills	30. Hills	<input type="checkbox"/>	<input type="checkbox"/>
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		81. Name KOTHA S. SEKHARAM	
		82. Street Address (P.O. Box Number is Not Acceptable) 5905-A HAMPTON OAKS PARKWAY	
		83.	
		84. City TAMPA	
		85. Zip Code FL 33610	
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: *Sekharam* DATE: 4-24-97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P/D
NAME	KOTHA, SEKHARAM S	1.2 NAME	KOTHA S. SEKHARAM
STREET ADDRESS	5905-A HAMPTON OAK PKWY.	1.3 STREET ADDRESS	5905-A HAMPTON OAKS PARKWAY
CITY-ST-ZIP	TAMPA FL 33610	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	C/S/D
NAME		2.2 NAME	JUGAL K. TANETA
STREET ADDRESS		2.3 STREET ADDRESS	5905-A HAMPTON OAKS PARKWAY
CITY-ST-ZIP		2.4 CITY-ST-ZIP	TAMPA, FL 33610
TITLE		3.1 TITLE	V/I
NAME		3.2 NAME	JOSEPH F. PAK
STREET ADDRESS		3.3 STREET ADDRESS	5905-A HAMPTON OAKS PARKWAY
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TAMPA, FL 33610
TITLE		4.1 TITLE	D
NAME		4.2 NAME	MARTIN A. TRAGER
STREET ADDRESS		4.3 STREET ADDRESS	100 N. TAMPA STREET, SUITE 2700
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TAMPA, FL 33601
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Sekharam* KOTHA, SEKHARAM S DATE: 4-24-97 813-628-0804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)