

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90017 020 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P96000058746**

Corporation Name
OMNIWAVE CORP.



Principal Place of Business
**8909 OLA AVE.
 TAMPA FL 33604**

Mailing Address
**8009 OLA AVE.
 TAMPA FL 33604**

DO NOT WRITE IN THIS SPACE

Principal Place of Business 7405 Coarsey Drive		2a. Mailing Address 7405 Coarsey Drive	3. Date Incorporated or Qualified 07/11/1996	4. FEI Number 59-3389855	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State TAMPA FL		28. City & State TAMPA FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
Zip 33604	Country	29. Zip 33604	Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TINSKY, STEVE 8009 OLA AVE. TAMPA FL 33604				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

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.

NATURE		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
ST-ADDRESS	P	<input type="checkbox"/> DELETE	TINSKY, STEVE R	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ST-ZIP	8009 OLA AVE.		TAMPA FL 33604	1.2 NAME			
	V	<input type="checkbox"/> DELETE	FUJITA, SOJI	1.3 STREET ADDRESS			
	4606 GLENSIDE CIRCLE		TAMPA FL 33624	1.4 CITY-ST-ZIP			
		<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
				2.2 NAME			
		<input type="checkbox"/> DELETE		2.3 STREET ADDRESS			
				2.4 CITY-ST-ZIP			
		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
				3.2 NAME			
		<input type="checkbox"/> DELETE		3.3 STREET ADDRESS			
				3.4 CITY-ST-ZIP			
		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
				4.2 NAME			
		<input type="checkbox"/> DELETE		4.3 STREET ADDRESS			
				4.4 CITY-ST-ZIP			
		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
				5.2 NAME			
		<input type="checkbox"/> DELETE		5.3 STREET ADDRESS			
				5.4 CITY-ST-ZIP			
		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
				6.2 NAME			
		<input type="checkbox"/> DELETE		6.3 STREET ADDRESS			
				6.4 CITY-ST-ZIP			

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: *Steve R. Tinsky* **STEVE R. TINSKY** 6/30/99 813 930 2689

CR2E034 (5/99)

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Explanation Notice

re: Omniwave Corp.

I recently received a second notice for the corporate annual report. I never did receive a first notice for this corporation. I contacted your office and they said to send the report with a check for \$150 and this explanation.

Thank You,

Steve A. Tinsky
Steve Tinsky

[Faint, illegible text, possibly a stamp or bleed-through]