

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

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 9970000086490
 1. Corporation Name
New Wave Industries, Inc.

Principal Place of Business Mailing Address
4023 S.W. 8th Court Cape Coral, FL. 33914 **4023 S.W. 8th Court Cape Coral, FL. 33914**

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
10/27/97

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

4. FEI Number Applied For
65-0787184 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
Mary

10. Name and Address of New Registered Agent
 81 Name **Mary Beckman**
 82 Street Address (P.O. Box Number is Not Acceptable) **4023 S.W. 8th Ct.**
 83
 84 City **Cape Coral** FL 85 Zip Code **33914**

11. Pursuant to the provisions of Sections 607.0602 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 Mary Beckman Mary Beckman DATE **4-30-98**
Signature of principal or president of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Mary Beckman	
STREET ADDRESS	4023 S.W. 8th Ct.	
CITY-ST-ZIP	Cape Coral, FL. 33914	
TITLE	Vice-P	<input type="checkbox"/> DELETE
NAME	Sheryl Heck	
STREET ADDRESS	245 SW 32nd Terr.	
CITY-ST-ZIP	Cape Coral, FL. 33914	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Lisa Shacklette	
STREET ADDRESS	4023 SW 8th Ct.	
CITY-ST-ZIP	Cape Coral, FL. 33914	
TITLE	Sec.	<input type="checkbox"/> DELETE
NAME	Kelly Volker T	
STREET ADDRESS	245 SW 32nd Terr.	
CITY-ST-ZIP	Cape Coral, FL. 33914	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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.

CR2E034 (10/97)

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 ***150.00
 JR