COND 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).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## SEPTEMBER 15, 1999. DE REINSTATE: \$750). MENT OF STATE DE Harris Of State Of State

3. Date Incorporated or Qualified

09-09-1999 90007 022 \*\*\*550.00



OCUMENT # Corporation Name	P98000013057
<b>FIDALWAVE SOFTWA</b>	RE, INC.

ncipal Place of Business

Mailing Address

: TALOVA DR. ANDO FL 32837 2718 TALOVA DR ORLANDO FL 32837

DO NOT WRITE IN THIS SPACE

					02/09/1998			
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For		
:	26			59 - 3496697	Not Applicable			
Suite', Apt.	ite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State 27				6. Election Campaign Financing				
<del></del>					Trust Fund Contribution	\$5.00 May Be Added to Fees		
			Country		8. This corporation owes the current			
		<b>-</b>		Intangible Personal Property.	Yes X No			
25   29   30     9. Name and Address of Current Registered Agent			<u> </u>	10. Name and Address of New Registered Agent				
5. Name and Address of Current Registered Agent				81 Name				
METHVEN, ROBERT J								
2718 TALOVA DR				82 Street Address (P.O. Box Number is Not Acceptable)				
	ANDO FL 32837			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.								
agent. I a	am far diar with and accent the obliga	ations of, section 607.0505, Florid	la Stat	tutes.	To obtain an amount of the rest accept a	- / /		
SNATURE THUTH HELLOW KOBERT J METHVEN PRESIDENT 8/30/8 99								
i	Signature, yourd or printed name of registered agen			red Agent signature require		DATE		
		D DIRECTORS	13.	n.e	ADDITIONS/CHANGES TO OFFICE			
: ;	D //	L DELETE	1.1 T(1	i	A Company	Change Addition		
į	METHVEN, ROBERT J		1.2 NA	ŀ				
ET ADDRESS	2718 TALOVA DR			REET ADDRESS				
ST-ZIP	ORLANDO FL 32837		1.4 CITY-ST-ZIP					
	D	DELETE	2.1 TITLE			Change Addition		
- ,	METHVEN, JANET R		2.2 NA					
ET ADDRESS	2718 TALOVA DR			REET ADDRESS		ł		
ST-ZIP.	ORLANDO FL 32837		_	TY-ST-ZIP				
			3.1 T(T			Change Addition		
= ;			3.2 NA					
ET ADDRESS			3.3 ST	REET ADDRESS				
ST-ZIP				TY-ST-ZIP				
1		DELETE	4.1 TIT	1		Change Addition		
E .1 -	and the second of the second o	n management of the same	4.2 NA	ME -,	المرجع والموسور			
ET ADDRESS				REET ADDRESS				
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·		L] DELETE	5.1 TIT			Change Addition		
			5.2 NA	ME				
ET ADDRESS				REET ADDRESS				
ST-ZIP			_	TY-ST-ZIP				
		DELETE	6.1 TIT			Change Addition		
			6.2 NA	ME				
ET ADDRESS			6.3 ST	REETADDRESS				
ST-ZIP.		***		ry-st-zip				
hereby ce	ertify that the information supplied with	this filing does not qualify for the	exemp	tion stated in section	on 119.07(3)(i), Florida Statutes. I further	certify that the information		

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 comporation 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 charged, or on an attachment with an address.

**GNATURE** 

8/30/99

407 851 4425