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

PROFIT CORPORATION ANNUAL REPORT

1999

WAVECREST, INC.

DOCUMENT # 587191
1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90181 014 ***150.00

Principal Place of Business Mailing Address						UI 1884 BAULT UI	BII WINI NEWEL	81311 B1811 1881			
2 WAVECREST AVE. INDIALANTIC FL 32903		2 WAVECREST AVE. INDIALANTIC FL 32903									
							DO NOT WRIT	E IN THIS	SPACE		
							3. Date Incorporated or Qualifed 09/21/1978				
2. Principal Pl	ace of Business	2a. Mailing A	ddress				4. FEI Number		Ar	oplied For	
21		26					59-18502 <u>25</u>		No	ot Applicable	
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional equired		
City & State	9	City & St	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country	Zip	Zip Country				8. This corporation owes the current year Intangible Personal Property Tax.				
24	25 9. Name and Address of Curren			l			10. Name and Address of New R	egistered /	Agent		
	3. Name and Address of Curren	r registered Ago		81	Name						
CATRI, SHARON LEE ALM 2 WAVECREST AVE.		82	Street	Addres	ess (P.O. Box Number is Not Acceptable)						
	ALANTIC, FL MH 32903			83							
				84	City			FL	85 Zip	Code	
office or re agent. I ai SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State π familiar with, and accept the obliga	of Florida. Such of tions of, Section 6	nange was autho 07.0505, Florida	Statutes.	the corp	oration	is board of directors. I nereby accep	t the appoir	changing its ntment as re	s registered egistered	
	Signature, typed or printed name of registered ager		(NOTE: Reg		t signature	required s	when reinstating) ADDITIONS/CHANGES TO OF	DATE	ID DIDECT	2PS IN 12	
12.		D DIRECTORS	DELETE	13.		1	ADDITIONS/CHANGES TO OF	-ICERS AN	Change	Addition	
TITLE	STD CHARON LET ALM	L	3 DEFESE	1.1 TITLE							
NAME '	CATRI, SHARON LEE ALM		ľ	1.2 NAME							
STREET ADDRESS	2 WAVECREST AVE.			1.3 STREET		1					
CITY-ST-ZIP	INDIALANTIC FL		DELETE	1.4 CITY-ST 2.1 TITLE	1-ZIP	1			Change	Addition	
TITLE		C	3 Occerc	2.2 NAME						_	
NAME STREET ADDRESS				2.3 STREET	ADDRESS	;					
CITY-ST-ZIP] DELETE	2. 4 CITY-S	T-ZIP	-			Change	Addition	
TITLE		L	DELETE	3.1 TITLE		1			Counge		
NAME				32 NAME							
STREET ADDRESS				3.3 STREET		5					
CITY-ST-ZIP			DELETE	3.4. CITY-S	T-ZIP	+			Change	Addition	
TITLE		L] DEFE IE	4.1 TITLE		İ					
NAME				4. 2 NAME							
STREET ADDRESS				4.3 STREET							
CITY-ST-ZIP			DELETE	4.4 CITY-S	T-ZIP	+			Change	☐ Addition	
TITLE		L] pereic	5.1 TITLE 5.2 NAME					[] a		
NAME				5.3 STREET	CADDRESS						
STREET ADDRESS				5.4 CITY-S		1					
CITY-ST-ZIP		г	DELETE	6.1 TITLE	1-21	+			☐ Change	Addition	
TITLE		L	T pereie	6.2 NAME							
NAME				6.3 STREET	. VUUDEcc						
STREET ADDRESS				0.3 3 1766	T 710	Ί				1	

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR