

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

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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90164 010 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F97000005070

1. Corporation Name

WAVES II REALTY HOLDING COMPANY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**23 WALL ST.
NEW YORK NY 10260-0023**

Mailing Address
**23 WALL ST.
NEW YORK NY 10260-0023**

3. Date Incorporated or Qualified

09/26/1997

4. FEI Number

13-3965726

Applied For

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25**

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 **30**

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIEST, DONALD K JR	1.2 NAME	BENJAMIN S. GIFFORD
STREET ADDRESS	23 WALL ST.	1.3 STREET ADDRESS	23 WALL ST.
CITY-ST-ZIP	NEW YORK NY 10260-0023	1.4 CITY-ST-ZIP	NEW YORK, NY 10260-0023
TITLE	VTD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENDIT, KARYN K	2.2 NAME	MICHAEL S. ASTRAITA
STREET ADDRESS	23 WALL ST.	2.3 STREET ADDRESS	23 WALL ST.
CITY-ST-ZIP	NEW YORK NY 10260-0023	2.4 CITY-ST-ZIP	NEW YORK, NY 10260-0023
TITLE	VAS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHEIM, ERLING	3.2 NAME	ALFRED DOAT
STREET ADDRESS	23 WALL ST.	3.3 STREET ADDRESS	23 WALL STREET
CITY-ST-ZIP	NEW YORK NY 10260-0023	3.4 CITY-ST-ZIP	NEW YORK, NY 10260-0023
TITLE	VAS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIRD, JERRY W	4.2 NAME	DAVID CHEN
STREET ADDRESS	23 WALL ST.	4.3 STREET ADDRESS	23 WALL STREET
CITY-ST-ZIP	NEW YORK NY 10260-0023	4.4 CITY-ST-ZIP	NEW YORK, NY 10260-0023
TITLE	VAS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISSET, M D	5.2 NAME	
STREET ADDRESS	23 WALL ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10260-0023	5.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONAPACE, MARK J	6.2 NAME	
STREET ADDRESS	23 WALL ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10260-0023	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, with all other like empowered.

SIGNATURE: *Michael S. Astarita* **Michael S. Astarita** 4/27/99 (212) 837-1012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)