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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700005071

WAVES I REALTY HOLDING COMPANY, INC.

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

23 WALL ST.

NEW YORK NY 10260-0023

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90164 016 ***150.00



DO NOT WRITE IN THIS SPACE

							- 1	3. Date incorporated or Qualifed	1			Į	
		, ,						09/29/1997			T	V	
2. Principal Place of Business			Mailing Address				4. FEI Number		Applied For Not Applicable				
21		26						13-3965724		60			
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certifcate of Status Desired			ee Red	Iditional uired	
22 City & State			City & State					6. Election Campaign Financing		\$5	00	tou Po	
23			Only a chaic				6. Election Campaign Financing S5.00 Ma Trust Fund Contribution Added to F						
Zip	Country	Zip Cou			untry	8. This corporation owes the current year I			rrent year Int	angible			
24	25	29 30						Personal Property Tax.					
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent						
						81 Name							
C T CORPORATION SYSTEM					Olivert Address (D.O. Day Mushov in Net Assessable)								
1200 SOUTH PINE ISLAND ROAD					82 Street Address (P.O. Box Number is Not Acceptable)								
PLAN	ITATION FL 33324												
					84	City		<u> </u>		85	Zip C	ode	
						_			<u></u>	Ш			
11. Pursuant t	o the provisions of Sections 607.0502	ation submits this statement for the	e purpose of	changi ntment	ng its r as red	egistered istered							
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 a					t signature	required w	when reinstating) ADDITIONS/CHANGES TO O	DATE CEICEDS AN	ID DID	CTO	20 IN 12	
12.	OFFICERS AND	DIRE		13			00	ADDITIONS/CHANGES TO O	FFICERS AN	TIXCh		Addition	
TITLE	PD		DELETE		TITLE		100	JAMIN B. SIFFORD		(II)	ange	☐ Addition	
NAME	WEIST, DONALD K JR				NAME							ł	
STREET ADDRESS	23 WALL ST.			1.3	STREET	ADDRESS	23	WALL ST.	-40				
CITY-ST-ZIP	14E11 10101111 10E00 00E0				CITY-S	T-ZIP	NE	N YORK, NY 10260 - 0	02 =				
TITLE	VAS			2.1	2.1 TITLE VAS					☑ Ch	ange	☐ Addition	
NAME	ASHEIM, ERLING			2.2	MAME		Mic	HAEL G. ASTARITA					
STREET ADDRESS	23 WALL ST.			2.3	STREET	FADORES\$		WALL ST.				Ì	
CITY-ST-ZIP	NEW YORK NY 10260-0023			2.4	CITY-S	T- ZIP	NEU	1 YOAK, NY 10260-6	023				
TITLE	VAS IZ DELETE :				3.1 TITLE NA			•		Ľ y Ch	ange	☐ Addition	
NAME	BAIRD, JERRY W				VAME		DAV	ID CHEN_					
STREET ADDRESS	23 WALL ST.			3.3	STREET	TADORESS	23	WALL ST					
CITY-ST-ZIP	NEW YORK NY 10260-0023				CITY-S		NE	W YORK, NY 10260.	-0023				
TITLE	VAS		☐ DELETE	4.1	TITLE					Ch	ange	☐ Addition	
NAME	BISSET, M D			4. 2	NAME								
STREET ADDRESS	23 WALL ST.			4.3	STREET	TADDRESS						İ	
CITY-ST-ZIP	NEW YORK NY 10260-0023			4.4	CITY-S	T-ZIP							
TITLE				5.1	5.1 TITLE					Ch	ange	☐ Addition	
NAME	BONAPACE, MARK J			5.2	NAME							ĺ	
STREET ADDRESS	23 WALL ST.			5.3	STREET	TADORESS							
CITY-ST-ZIP	NEW YORK NY 10260-0023			5.4	CITY-S	T-ZIP							
TITLE	VAS		☐ DELETE	6.1	TITLE					Ch	ange	Addition	
NAME	BOWAR, JOSEPH J			6.2	NAME							ļ	
STREET ADDRESS	23 WALL ST.			6.3	STREET	ADDRESS							
				6.4	CITY-S	T-ZIP	1					į	
CITY-ST-ZIP	NEW YORK NY 10260-0023						1. 0	-ti 440.07(0)(i) Florida Statutos	I formation and a second	iie . N			

4. 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 informatio 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

el G. Astarsta 1

Daytime Phone #

R2E034 (11/98)