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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90164 016 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **F97000005071**

1. Corporation Name
WAVES I 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
09/29/1997

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
13-3965724

Applied For
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24

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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 DELETE
 NAME **PD WEIST, DONALD K JR**
 STREET ADDRESS **23 WALL ST.**
 CITY-ST-ZIP **NEW YORK NY 10260-0023**

1.1 TITLE Change Addition
 1.2 NAME **PD BENJAMIN B. SIFFORD**
 1.3 STREET ADDRESS **23 WALL ST.**
 1.4 CITY-ST-ZIP **NEW YORK, NY 10260-0023**

TITLE DELETE
 NAME **VAS ASHEIM, ERLING**
 STREET ADDRESS **23 WALL ST.**
 CITY-ST-ZIP **NEW YORK NY 10260-0023**

2.1 TITLE Change Addition
 2.2 NAME **VAS MICHAEL G. ASTRITA**
 2.3 STREET ADDRESS **23 WALL ST.**
 2.4 CITY-ST-ZIP **NEW YORK, NY 10260-0023**

TITLE DELETE
 NAME **VAS BAIRD, JERRY W**
 STREET ADDRESS **23 WALL ST.**
 CITY-ST-ZIP **NEW YORK NY 10260-0023**

3.1 TITLE Change Addition
 3.2 NAME **VAS DAVID CHEN**
 3.3 STREET ADDRESS **23 WALL ST**
 3.4 CITY-ST-ZIP **NEW YORK, NY 10260-0023**

TITLE DELETE
 NAME **VAS BISSET, M D**
 STREET ADDRESS **23 WALL ST.**
 CITY-ST-ZIP **NEW YORK NY 10260-0023**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME **VAS BONAPACE, MARK J**
 STREET ADDRESS **23 WALL ST.**
 CITY-ST-ZIP **NEW YORK NY 10260-0023**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME **VAS BOWAR, JOSEPH J**
 STREET ADDRESS **23 WALL ST.**
 CITY-ST-ZIP **NEW YORK NY 10260-0023**

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: *Michael G. Astrita* Michael G. Astrita 7/27/95 (212) 837-1012
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)