

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortonham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K63299** (7)

1. Corporation Name
WAVE CREST MARINE, INC.

Principal Place of Business Mailing Address
**220 SW 30TH STREET
P.O. BOX 21546
FT. LAUDERDALE FL 33335
US**

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|---------|----------------------------|------------------|--|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | | 26 | POB 21546 | 02/03/1989 | 05/12/1994 |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| | | | | 65-0093963 | Not Applicable |
| 23. City & State | | 28. City & State | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | | FT. LAUDERDALE, FL. | | <input type="checkbox"/> | |
| 24. Zip | Country | 29. Zip | Country | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| | | 33335 | BROWARD | <input type="checkbox"/> | |
| 9. Name and Address of Current Registered Agent | | | | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|---|--|--|--------------------------------|--------------------------------|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of Now Registered Agent | | | |
| ANTOGNONI, BRUCE 2756 N.E. 14TH STREET FT. LAUDERDALE FL 33304 | | 81. Name | BRUCE ANTOGNONI | | |
| | | 82. Street Address (P.O. Box Number is Not Acceptable) | 1435 SE 15th St. #6 403 | | |
| | | 83. | | | |
| | | 84. City | 85. Zip Code | FT. LAUDERDALE FL 33314 | |

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 _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PST ANTOGNONI, BRUCE 1435 SE 15TH ST., #403 FT. LAUDERDALE FL | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2. NAME | |
| STREET ADDRESS | | 3. STREET ADDRESS | |
| CITY, ST, ZIP | | 4. CITY, ST, ZIP | |
| TITLE | | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6. NAME | |
| STREET ADDRESS | | 7. STREET ADDRESS | |
| CITY, ST, ZIP | | 8. CITY, ST, ZIP | |
| TITLE | | 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 10. NAME | |
| STREET ADDRESS | | 11. STREET ADDRESS | |
| CITY, ST, ZIP | | 12. CITY, ST, ZIP | |
| TITLE | | 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 14. NAME | |
| STREET ADDRESS | | 15. STREET ADDRESS | |
| CITY, ST, ZIP | | 16. CITY, ST, ZIP | |
| TITLE | | 17. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 18. NAME | |
| STREET ADDRESS | | 19. STREET ADDRESS | |
| CITY, ST, ZIP | | 20. CITY, ST, ZIP | |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 in an addition with an address.

SIGNATURE: *Sandra B. Mortonham* **5/26/95** (308) 523-6182