

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**

95 JUL -7 AM 9 41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **L70832 (5)**  
1. Corporation Name  
**BEACH WAVES, INC.**

Principal Place of Business      Mailing Address  
**15188 MUNICIPAL DR.  
MADEIRA BEACH FL 33708-1918**      **15188 MUNICIPAL DR.  
MADEIRA BEACH FL 33708-1918**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**05/07/1990**      **05/01/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>15150 Municipal Dr.</b>	26 <b>15150 Municipal Dr.</b>	<b>59-3005871</b>	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 <b>Madeira Beach, Fl.</b>	28 <b>Madeira Beach, Fl.</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 <b>33708</b>	25 <b>Pinellas</b>	29 <b>33708</b>	30 <b>Pinellas</b>
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>OKRASINSKI, LINDA K. 15188 MUNICIPAL DR. MADEIRA BEACH FL 33708</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	<b>15150 Municipal Dr</b>
		83	
		84 City	<b>Madeira Beach FL 33708</b>

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPS</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OKRASINSKI, LINDA K.</b>	1.2 NAME	
STREET ADDRESS	<b>15188 MUNICIPAL DR.-</b>	1.3 STREET ADDRESS	<b>15150 Municipal Dr</b>
CITY-ST-ZIP	<b>MADEIRA BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>T</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OKRASINSKI, LINDA K.</b>	2.2 NAME	
STREET ADDRESS	<b>15188 MUNICIPAL DR.-</b>	2.3 STREET ADDRESS	<b>15150 Municipal Dr</b>
CITY-ST-ZIP	<b>MADEIRA BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Linda K. Okrasinski      Date: 6-28-95      Daytona Phone #: 813-397-3838