

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

DOCUMENT # L99172

(3)

95 MAY -1 AM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ELHAN, INC.

Principal Place of Business

1710 WALTON RD
BLUE BELL PA 19422
US

Mailings Address

1710 WALTON RD
BLUE BELL PA 19422
US

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation or Reorganization	3a. Date of Last Report
09/12/1990	05/01/1994
4. FEI Number	Applied For Not Applicable
65-0220365	
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 has liability for intangible tax under S. 194.02, Florida Statute ☐ Yes ☒ No	

21. Principal Place of Business	2a. Mailing Address
1720 Walton Rd.	1720 Walton Rd.
22. State, Apt. # etc.	27. State, Apt. # etc.
23. City & State	28. City & State
24. Country	30. Country

9. Name and Address of Current Registered Agent

MATHISON, STEPHEN S
5608 PGA BLVD. STE 211
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

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 19.01 and 19.02, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 19.01, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	PST HANSEN, E. F. JR 1710 WALTON ROAD BLUE BELL PA	TITLE	☒ Change ☐ Addition
NAME		1. NAME	
STREET ADDRESS		2. STREET ADDRESS	1720 Walton Rd.
CITY, ST, ZIP		3. CITY, ST, ZIP	
TITLE		4. TITLE	☐ Change ☐ Addition
NAME		5. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		7. CITY, ST, ZIP	
TITLE		8. TITLE	☐ Change ☐ Addition
NAME		9. NAME	
STREET ADDRESS		10. STREET ADDRESS	
CITY, ST, ZIP		11. CITY, ST, ZIP	
TITLE		12. TITLE	☐ Change ☐ Addition
NAME		13. NAME	
STREET ADDRESS		14. STREET ADDRESS	
CITY, ST, ZIP		15. CITY, ST, ZIP	
TITLE		16. TITLE	☐ Change ☐ Addition
NAME		17. NAME	
STREET ADDRESS		18. STREET ADDRESS	
CITY, ST, ZIP		19. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied on this filing is accurately furnished and does not qualify for the exemption stated in Section 19.01(2)(b), Florida Statutes. I further certify that the information submitted on this filing is a report of a registered agent or director of the corporation 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 receive this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 1, or Block 1a, of this report. I am filing this report with an address:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

E.F. Hansen, Jr.

4-28-95 (610)832-1500

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northington Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # L99376 1. Corporation Name NEW WAVE TECHNOLOGY, INC.	(0)
---	------------

Principal Place of Business 14255 U.S. HIGHWAY ONE, SUITE 240 JUNO BEACH FL 33408-1420	Mailing Address 14255 U.S. HIGHWAY ONE, SUITE 240 JUNO BEACH FL 33408-1420
--	--

21 2. Principal Place of Business Suite Apt. # etc. 22 City & State 23 ZIP	26 2a. Mailing Address Suite Apt. # etc. 27 City & State 28 ZIP
--	---

DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Created 09/10/1990	3a Date of Last Report 10/20/1994
4 FEI Number 65-0217060	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 has liability for interstate tax under S. 199.032 Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent SPITZ, JOSEPH G CPA 14255 US HIGHWAY ONE, SUITE 240 JUNO BEACH FL 33408
--

10. Name and Address of New Registered Agent 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 601.01, 601.02, and 601.03, Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 601.01, 601.02, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1 TITLE NAME STREET ADDRESS CITY, ST, ZIP	DPS GLEN, ROBERT D. 693 PILGRIM FORD COURT CLEMMONS NC 27012	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY, ST, ZIP	☐ Change ☐ Addition
5 TITLE 6 NAME 7 STREET ADDRESS 8 CITY, ST, ZIP		5 TITLE 6 NAME 7 STREET ADDRESS 8 CITY, ST, ZIP	☐ Change ☐ Addition
9 TITLE 10 NAME 11 STREET ADDRESS 12 CITY, ST, ZIP		9 TITLE 10 NAME 11 STREET ADDRESS 12 CITY, ST, ZIP	☐ Change ☐ Addition
13 TITLE 14 NAME 15 STREET ADDRESS 16 CITY, ST, ZIP		13 TITLE 14 NAME 15 STREET ADDRESS 16 CITY, ST, ZIP	☐ Change ☐ Addition
17 TITLE 18 NAME 19 STREET ADDRESS 20 CITY, ST, ZIP		17 TITLE 18 NAME 19 STREET ADDRESS 20 CITY, ST, ZIP	☐ Change ☐ Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and chosen, not required, for the exemption stated in Section 119.07(3)(b) Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the owner or holder (or equivalent) to make the report as required by Chapter 601, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Robert D. Glen*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert D. Glen

4-28-95 (9/0) 712-0426