

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000000100 (6)

1. Corporation Name

WAVE CULTURAL & SOCIAL CLUB INC..



Principal Place of Business

Mailing Address

769 DROMEDARY DRIVE
KISSIMMEE FL 34759

769 DROMEDARY DRIVE
KISSIMMEE FL 34759

3. Date Incorporated or Qualified

01/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

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 intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILLIP, EUGENE C
769 DROMEDARY DRIVE
KISSIMMEE FL 34759

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE P
NAME PHILLIP, EUGENE C
STREET ADDRESS 769 DROMEDARY DRIVE
CITY-ST-ZIP KISSIMMEE FL 34759 ☐ DELETE

TITLE VT
NAME HARRAGIN, ALFRED
STREET ADDRESS 769 DROMEDARY DRIVE
CITY-ST-ZIP KISSIMMEE FL 34759 ☐ DELETE

TITLE ST
NAME RAMADIN, KAMALA K
STREET ADDRESS 769 DROMEDARY DRIVE
CITY-ST-ZIP KISSIMMEE FL 34759 ☒ DELETE

TITLE VT
NAME WATSON, ARNIM
STREET ADDRESS 769 DROMEDARY DRIVE
CITY-ST-ZIP KISSIMMEE FL 34759 ☐ DELETE

TITLE Phi
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE T
NAME PHILLIP RAMSAMY
STREET ADDRESS 621 WOOD BLVD
CITY-ST-ZIP KISSIMMEE FL 34759 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 604 Caddy Drive
2.4 CITY-ST-ZIP KISSIMMEE, FL 34759

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 707 Toller Place
4.4 CITY-ST-ZIP KISSIMMEE FL 34758

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME 100001919291
6.3 STREET ADDRESS -08/12/96--01045--037
6.4 CITY-ST-ZIP ***70.00

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06.23.96

Date

407-896-2696

Daytime Phone #

CR2E037 (3/96)