FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

, Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500000100 (6)

WAVE CULTURAL & SOCIAL CLUB INC.

| Principal Place of Business Malling Address | | | | | | |
|--|--|---|----------------------|--------------|---|--|
| Principal Place of Business 769 DROMEDARY DRIVE KISSIMMEE FL 34759 | | 769 DROMEDARY DRIVE KISSIMMEE FL 34759 | | | 3. Date Incorporated or Qualified 01/09/1995 4. FEI Number Applied For | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | NOT APPLICABLE Not Applicable 5 Cartificate of Status Decired \$8.75 Additional | |
| 21 | | 26 | k6 | | Certificate of Status Desired Section Section Section Sectio | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | ¬ ' ' | | 6. Election Campaign Financing \$5.00 May Be | |
| City & State | 9 | City & State | City & State | | Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association? | |
| 23 | • | 26 | h-m · | | Yes No | |
| Zip | Country | Zip | Count | ry | 8. This corporation owes or has paid the current year intangible | |
| 24 | 25 | 29 | 30 | | Personal Property Tax due June 30. Yes No | |
| | 9. Name and Address of Cur | rent Registered Agent | | 1 Name | 10. Name and Address of New Registered Agent | |
| OWNER | EHOENE O | | L | | | |
| PHILLIP, EUGENE C 769 DROMEDARY DRIVE | | | 8 | 2 Street / | Address (P.O. Box Number is Not Acceptable) | |
| | MEE FL 34759 | | ā | 3 | | |
| | , | | lä | 4 City | 85 Zip Code | |
| | | | - | 1 | FL 1 | |
| SIGNATURE | Signature, typed or printed name of registered | agent and title if applicable. (I | NOTE: Registered A | | corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered required when reinstating) DATE DATE | |
| 12. | OFFICERS / | AND DIRECTORS DELETE | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition | |
| TITLE NAME | PHILLUP, EUGENE C | | 1.2 NAM | | | |
| STREET ADDRESS | 769 DROMEDARY DRIVE | | | ET ADDRESS | | |
| CITY-ST-ZIP | KISSIMMEE FL 34759 | | 1.4 CITY | - ST-ZIP | | |
| TITLE | VT | DELETE | 2.1 TITLE | | Change Addition | |
| NAME | HARRAGIN, ALFRED | | 2.2 NAM | | | |
| STREET ADDRESS | 604 CADDY DR. KISSIMMEE FL 34759 | | | ET ADORESS | | |
| CITY-ST-ZIP TITLE | VT | ☐ DELETE | 3.1 TITLE | -ST-ZIP | ☐ Change ☐ Addition | |
| NAME | WATSON, ARNIM | <u> </u> | 3.2 NAM | | | |
| STREET ADDRESS | 707 TOLTEC PL. | | 3.3 STRE | et address | | |
| CITY-ST-ZIP | KISSIMMEE FL 34758 | | 3.4. CITY | | Phone Park distance | |
| TITLE | DALICALMIV OLD ID | DELETE | 4.1 TITLE | | ☐ Change ☐ Addition | |
| NAME STREET ADORESS | RAMSAMMY, PHILIP 621 WOOD DR. | | 4. 2 NAA 4.3 STRE | ET ADDRESS | | |
| CITY-ST-ZIP | KISSIMMEE FL 34759 | | 4.4 CITY | | , | |
| TITLE | | DELETE | 5.1 TITLE | _ | Change Addition | |
| NAME | | | 5.2 NAM | E | | |
| STREET ADDRESS | | | 5.3 STRE | ET ADDRESS | | |
| CITY-ST-ZIP | | T priese | 5.4 CITY | | Change Addition | |
| TITLE | | DELETE | 6.1 TITU | | Li Criange Li Addrion | |
| NAME STREET ADDRESS | | | 62 NAM | ET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 City | | | |

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 suppliemental 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 employered 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 a attachment with an address.

CICALATI IDE

3/15/98

(941)422-1051

FILED

Apr 27 1998 8:00am

Secretary of State