

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P21323 (1)  
1. Corporation Name  
PEGASUS AIRWAVE INC.

Principal Place of Business Mailing Address  
5300 BROKEN SOUND BLVD.  
STE 100  
BOCA RATON FL 33487  
US  
5300 BROKEN SOUND BLVD.  
STE 100  
BOCA RATON FL 33487  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	5300 Broken Sound Blvd.	26	5300 Broken Sound Blvd.	10/17/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	Suite 100	27	Suite 100	36-3606414	
City & State		City & State		Applied For	
23	Boca Raton FL	28	Boca Raton FL	Not Applicable	
24	Zip 33487	29	Zip 33487	5. Certificate of Status Desired	
25	Country USA	30	Country USA	<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	
NAME	WELCH, R. GEOFFREY D.	12 NAME	
STREET ADDRESS	WATERBERRY DR., WATERLOOVILLE	13 STREET ADDRESS	
CITY-ST-ZIP	HANTS PO	14 CITY-ST-ZIP	
TITLE	PCEO	21 TITLE	
NAME	TOPPER, RONALD J.	22 NAME	
STREET ADDRESS	5300 BROKEN SOUND BLVD. STE 100	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	24 CITY-ST-ZIP	
TITLE	AS	31 TITLE	
NAME	ZAJICEK, DAVID E.	32 NAME	
STREET ADDRESS	ONE MID AMERICA PL #1000	33 STREET ADDRESS	
CITY-ST-ZIP	OAKBROOK TERRACE IL	34 CITY-ST-ZIP	
TITLE	VPT	41 TITLE	
NAME	WEBB, MARTIN	42 NAME	
STREET ADDRESS	WATERBERRY DR., WATERLOOVILLE	43 STREET ADDRESS	
CITY-ST-ZIP	HANTS PO	44 CITY-ST-ZIP	
TITLE	VPS	51 TITLE	
NAME	WELCH, RICHARD A. R.	52 NAME	
STREET ADDRESS	5300 BROKEN SOUND BLVD. STE 100	53 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	54 CITY-ST-ZIP	
TITLE	C	61 TITLE	
NAME	KRAUSE, JUANA	62 NAME	
STREET ADDRESS	5300 BROKEN SOUND BLVD. STE 100	63 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	64 CITY-ST-ZIP	

14. 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 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 Juana Krause-Controller 4/20/98 (561) 989-9899

CR2E034 (10/97)