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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90037 030 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P21323

1. Corporation Name

PEGASUS AIRWAVE INC.

Principal Place of Business

5300 BROKEN SOUND BLVD.
STE 100
BOCA RATON FL 33487
US

Mailing Address

5300 BROKEN SOUND BLVD.
STE 100
BOCA RATON FL 33487
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1988

4. FEI Number

36-3606414

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **5300 Broken Sound Blvd.**

26 **5300 Broken Sound Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 100**

27 **Suite 100**

City & State

City & State

23 **Boca Raton FL**

28 **Boca Raton FL**

Zip Country

Zip Country

24 **33487** **25** **USA**

29 **Boca Raton** **30** **USA**

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

FL

85 Zip Code

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** ☒ DELETE
NAME **WELCH, R. GEOFFREY D.**
STREET ADDRESS **WATERBERRY DR., WATERLOOVILLE**
CITY-ST-ZIP **HANTS PO**

1.1 TITLE **Vice President** ☐ Change ☒ Addition
1.2 NAME **Kathy Palmer**
1.3 STREET ADDRESS **5300 Broken Sound Blvd. #100**
1.4 CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE **PCEO** ☐ DELETE
NAME **TOPPER, RONALD J.**
STREET ADDRESS **5300 BROKEN SOUND BLVD. STE 100**
CITY-ST-ZIP **BOCA RATON FL 33487**

2.1 TITLE **Vice President** ☐ Change ☒ Addition
2.2 NAME **Nancy Arnold**
2.3 STREET ADDRESS **5300 Broken Sound Blvd. #100**
2.4 CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE **AS** ☒ DELETE
NAME **ZAJICEK, DAVID E.**
STREET ADDRESS **ONE MID AMERICA PL #1000**
CITY-ST-ZIP **OAKBROOK TERRACE IL**

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

TITLE **VPT** ☒ DELETE
NAME **WEBB, MARTIN**
STREET ADDRESS **WATERBERRY DR., WATERLOOVILLE**
CITY-ST-ZIP **HANTS PO**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **VPS** ☒ DELETE
NAME **WELCH, RICHARD A. R.**
STREET ADDRESS **5300 BROKEN SOUND BLVD. STE 100**
CITY-ST-ZIP **BOCA RATON FL 33487**

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

TITLE **C** ☐ DELETE
NAME **KRAUSE, JUANA**
STREET ADDRESS **5300 BROKEN SOUND BLVD. STE 100**
CITY-ST-ZIP **BOCA RATON FL 33487**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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, with all other like empowered.

SIGNATURE:

Juana Krause
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

Date

(561) 989-9898

Daytime Phone #

CR2E034 (11/98)