

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 3:29**

DOCUMENT # P93000059635 (1)

1. Corporation Name
HEALTH WAVE, INC.

Principal Place of Business

9438 U.S.HWY 19 N.
STE 202
PORT RICHEY FL 34668

Mailing Address

9438 U.S.HWY 19 N.
STE 202
PORT RICHEY FL 34668

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/25/1993** 3a. Date of Last Report **07/28/1994**

2. Principal Place of Business

21 **2323 CURLEW ROAD**

2a. Mailing Address

26 **2323 CURLEW ROAD**

4. FEI Number
59-3249390

Applied For
Not Applicable

Suite, Apt. #, etc.

22 **Suite 2C**

Suite, Apt. #, etc.

27 **Suite 2C**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State

23 **PALM HARBOR FLORIDA**

City & State

28 **PALM HARBOR FLORIDA**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip

24 **34683**

Country

25

Zip

29 **34683**

Country

30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**BRACE, RONALD E
508 WEST FLETCHER AVENUE
SUITE 105
TAMPA FL 33612**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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 of appointment)

(NOTE: Registered Agent separating remaining when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **LIVINGSTON, MARK G**
STREET ADDRESS **9708 MAGNOLIA WAY**
CITY - ST - ZIP **TAMPA FL 33635**

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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 its authorized agent empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on my appointment when an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

JANUARY 31, 1998 (813) 785-7600