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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000060386**1. Corporation Name

NEW WAVE IMAGE INC.

Findpai Flac	e or business	Mailing Address							
19900 MONA R	an a	P.O. BOX 4191							
102	•	TEQUESTA FL 33469							
TEQUESTA FL	33469	US		•		DO NOT WE	RITE IN THIS	SPACE	
US	•••	00			<u> </u>	3. Date Incorporated or Qualifed	1		
••						08/27/1993			
		V						1 1 .	
	lace of Business	.2a. Mailing Address			1 4	4. FEI Number			oplied For
21		26				65-0428529		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				- 0 25 1 1000 - 0000		\$8.75	Additional
22		27			1	5. Certifcate of Status Desired		Fee Re	equired
City & State		City & State				6. Election Campaign Financing		¢ E 00	
		⊢ ′			,	· ·		•	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Count	ry	1	This corporation owes the cu	rrent year Int		_
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curren		1		10	Name and Address of New	Registered .	Agent	
	9 P7 Seat 4-3	4	8	1 N	ame				
RI O	OM, RAPHAEL								
7807 SE TULIPTREE CT			8	2 S1	reet Address	(P.O. Box Number is Not Accep	table)		
								- h 12 (4)	10: 7 Hale 1801
HOB	BE SOUND FL 33455		8	3				小上海流量	[7] 建四级
							2 10 12	2.1	
			8	4 C	ity	** **		85 Zip	Code"
gastera care	<u> </u>						F L.		
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statute	s, the abo	ve-na	med corporati	ion submits this statement for th	e purpose of	changing its	registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was at	monzea o	y tne	corporation s	board of directors, I hereby acco	spr me appon	milein as je	igistered (
			ida Statute	24					1
497.		alons of, Section Cor. 5000, Tiol	ida Statute	es.		•			
SIGNATURE				es.	atus servined who	a relactation)	DATE		
SIGNATURE	Stgnature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Ag	es.	ature required when		DATE	D DIDECTO	·
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE:	Registered Ag	ent sign	nature required when	n reinstating) ADDITIONS/CHANGES TO O			DRS IN 12
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE:	Registered Ag	ent sign	nature required when			D DIRECTO	·
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE:	Registered Ag	ent sign	nature required when				DRS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN PS BLOOM, PATRICIA M.	nt and title if applicable. (NOTE:	Registered Ag 13. 1.1 TITLE	ent sign					DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PS BLOOM, PATRICIA M. 7807 SE TULIPTREE CT.	nt and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME	ent sign	RESS				DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PS BLOOM, PATRICIA M. 7807 SE TULIPTREE CT. HOBE SOUND FL	nt and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY-	ent sign	RESS			Change	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN PS BLOOM, PATRICIA M. 7807 SE TULIPTREE CT. HOBE SOUND FL	nt and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME	ent sign	RESS				DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PS BLOOM, PATRICIA M. 7807 SE TULIPTREE CT. HOBE SOUND FL	nt and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY-	ent sign	RESS			Change	DRS IN 12
SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN PS BLOOM, PATRICIA M. 7807 SE TULIPTREE CT. HOBE SOUND FL VPT BLOOM, RAPHAEL	nt and title if applicable. (NOTE: ID DIRECTORS DELETE	Registered Ag	ent sign	RESS			Change	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PS BLOOM, PATRICIA M. 7807 SE TULIPTREE CT. HOBE SOUND FL VPT BLOOM, RAPHAEL 7807 SE TULIPTREE CT.	nt and title if applicable (NOTE: ID DIRECTORS DELETE DELETE	Registered Ag	ent sign ET ADD ST-ZIP	RESS			Change	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PS BLOOM, PATRICIA M. 7807 SE TULIPTREE CT. HOBE SOUND FL VPT BLOOM, RAPHAEL 7807 SE TULIPTREE CT.	In and title if applicable. (NOTE: ID DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY	ent sign ET ADD ST-ZIP ET ADD	RESS			☐ Change ☐ Change	DRS IN 12 Addition
SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PS BLOOM, PATRICIA M. 7807 SE TULIPTREE CT. HOBE SOUND FL VPT BLOOM, RAPHAEL 7807 SE TULIPTREE CT.	nt and title if applicable (NOTE: ID DIRECTORS DELETE DELETE	Registered Ag	ent sign ET ADD ST-ZIP ET ADD	RESS			Change	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PS BLOOM, PATRICIA M. 7807 SE TULIPTREE CT. HOBE SOUND FL VPT BLOOM, RAPHAEL 7807 SE TULIPTREE CT. HOBE SOUND FL	In and title if applicable. (NOTE: ID DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY	ent sign ET ADD ST-ZIP ET ADD	RESS			☐ Change ☐ Change	DRS IN 12 Addition
SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN PS BLOOM, PATRICIA M. 7807 SE TULIPTREE CT. HOBE SOUND FL VPT BLOOM, RAPHAEL 7807 SE TULIPTREE CT. HOBE SOUND FL	In and title if applicable. (NOTE: ID DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY. 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME	est sign ET ADD ST-ZIP ET ADD -ST-ZIF	RESS			☐ Change ☐ Change	DRS IN 12 Addition
SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PS BLOOM, PATRICIA M. 7807 SE TULIPTREE CT. HOBE SOUND FL VPT BLOOM, RAPHAEL 7807 SE TULIPTREE CT. HOBE SOUND FL	In and title if applicable. (NOTE: ID DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE	ent sign ET ADD ST-ZIP ET ADD -ST-ZIF ET ADD	RESS			☐ Change ☐ Change	DRS IN 12 Addition
SIGNATURE 12. IIILE 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	Signature, typed or printed name of registered ager OFFICERS AN PS BLOOM, PATRICIA M. 7807 SE TULIPTREE CT. HOBE SOUND FL VPT BLOOM, RAPHAEL 7807 SE TULIPTREE CT. HOBE SOUND FL	IN AND USE IT APPLICABLE (NOTE: ID DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY	ent sign ent sign ET ADD ST-ZIP ET ADD -ST-ZIF ET ADD -ST-ZIF ET ADD	RESS			☐ Change ☐ Change ☐ Change	DRS IN 12 Addition Addition
SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PS BLOOM, PATRICIA M. 7807 SE TULIPTREE CT. HOBE SOUND FL VPT BLOOM, RAPHAEL 7807 SE TULIPTREE CT. HOBE SOUND FL	In and title if applicable. (NOTE: ID DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE	ent sign ent sign ET ADD ST-ZIP ET ADD -ST-ZIF ET ADD -ST-ZIF ET ADD	RESS			☐ Change ☐ Change ☐ Change	DRS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME	Signature, typed or printed name of registered ager OFFICERS AN PS BLOOM, PATRICIA M. 7807 SE TULIPTREE CT. HOBE SOUND FL VPT BLOOM, RAPHAEL 7807 SE TULIPTREE CT. HOBE SOUND FL	IN AND USE IT APPLICABLE (NOTE: ID DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY	ent sign ET ADD ST-ZIP ET ADD - ST-ZIP	RESS			☐ Change ☐ Change ☐ Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	Signature, typed or printed name of registered ager OFFICERS AN PS BLOOM, PATRICIA M. 7807 SE TULIPTREE CT. HOBE SOUND FL VPT BLOOM, RAPHAEL 7807 SE TULIPTREE CT. HOBE SOUND FL	IN AND USE IT APPLICABLE (NOTE: ID DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE	ent sign EET ADD ST-ZIP ET ADD -ST-ZIP ET ADD -ST-ZIF ET ADD -ST-ZIF	RESS RESS			☐ Change ☐ Change ☐ Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PS BLOOM, PATRICIA M. 7807 SE TULIPTREE CT. HOBE SOUND FL VPT BLOOM, RAPHAEL 7807 SE TULIPTREE CT. HOBE SOUND FL	IN AND USE IT APPLICABLE (NOTE: ID DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE	ent sign ET ADD ST-ZIP ET ADD -ST-ZIF ET ADD -ST-ZIF ET ADD	RESS RESS RESS			☐ Change ☐ Change ☐ Change	DRS IN 12 Addition Addition
SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PS BLOOM, PATRICIA M. 7807 SE TULIPTREE CT. HOBE SOUND FL VPT BLOOM, RAPHAEL 7807 SE TULIPTREE CT. HOBE SOUND FL	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 3.4 CITY 3.1 TITLE 3.2 NAME 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY-	ent sign ET ADD ST-ZIP ET ADD -ST-ZIF ET ADD ST-ZIF ET ADD ST-ZIF	RESS RESS RESS			☐ Change ☐ Change ☐ Change	DRS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PS BLOOM, PATRICIA M. 7807 SE TULIPTREE CT. HOBE SOUND FL VPT BLOOM, RAPHAEL 7807 SE TULIPTREE CT. HOBE SOUND FL	IN AND USE IT APPLICABLE (NOTE: ID DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY- 5.1 TITLE	ET ADD ST-ZIP ET ADD ST-ZIP ET ADD ST-ZIP ET ADD ST-ZIP ST-ZIP	RESS RESS RESS			☐ Change ☐ Change ☐ Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PS BLOOM, PATRICIA M. 7807 SE TULIPTREE CT. HOBE SOUND FL VPT BLOOM, RAPHAEL 7807 SE TULIPTREE CT. HOBE SOUND FL	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 3.4 CITY 3.1 TITLE 3.2 NAME 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY-	ET ADD ST-ZIP ET ADD ST-ZIP ET ADD ST-ZIP ET ADD ST-ZIP ST-ZIP	RESS RESS RESS			☐ Change ☐ Change ☐ Change	DRS IN 12 Addition Addition Addition
SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	Signature, typed or printed name of registered ager OFFICERS AN PS BLOOM, PATRICIA M. 7807 SE TULIPTREE CT. HOBE SOUND FL VPT BLOOM, RAPHAEL 7807 SE TULIPTREE CT. HOBE SOUND FL	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY- 5.1 TITLE	ET ADD ST-ZIP ST-ZIP	RESS RESS RESS			☐ Change ☐ Change ☐ Change	DRS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PS BLOOM, PATRICIA M. 7807 SE TULIPTREE CT. HOBE SOUND FL VPT BLOOM, RAPHAEL 7807 SE TULIPTREE CT. HOBE SOUND FL	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 4.2 ITTLE 4.2 NAME 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE	ent sign ET ADD ST-ZIP ET ADD -ST-ZIP ET ADD ST-ZIF ET ADD ST-ZIF ET ADD ST-ZIF	RESS RESS RESS			☐ Change ☐ Change ☐ Change	DRS IN 12 Addition Addition Addition
SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	Signature, typed or printed name of registered ager OFFICERS AN PS BLOOM, PATRICIA M. 7807 SE TULIPTREE CT. HOBE SOUND FL VPT BLOOM, RAPHAEL 7807 SE TULIPTREE CT. HOBE SOUND FL	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME	ET ADD ST-ZIP ST-ZIP ST-ZIP	RESS RESS RESS			☐ Change ☐ Change ☐ Change	DRS IN 12 Addition Addition Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

FILED

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90011 032 ***150.00