

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000074575 (0)

1. Corporation Name

FOUR WAVES ENTERPRISES, INC.

Principal Place of Business

5701 N PINE ISLAND RD
SUITE 390
TAMARAC FL 33321
US

Mailing Address

5701 N PINE ISLAND RD
SUITE 390
TAMARAC FL 33321
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0442826

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

LARRY A. ROTHENBERG, P.A.
2424 N FEDERAL HWY
SUITE 455
NOCA RATON FL 33431

10. Name and Address of New Registered Agent

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 reconstituted)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
D
RICKEL, MORRIS
STREET ADDRESS
4320 N CASPER ST
CITY - ST - ZIP
HOLLYWOOD FL 33021

TITLE
NAME
D
RICKEL, ROBERT
STREET ADDRESS
1140 NW 101 AVE
CITY - ST - ZIP
PLANTATION FL 33322

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
NAME
D
RICKEL, MORRIS
12 STREET ADDRESS
5701 N. Pine Island Rd, Ste 390
13 CITY - ST - ZIP
Tamarac, FL 33321

21 TITLE
NAME
D
RICKEL, ROBERT
22 STREET ADDRESS
5701 N. Pine Island Rd, Ste 390
23 CITY - ST - ZIP
Tamarac, FL 33321

31 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Rickel 4/7/95 305-726-3811

Print

Signature Number 8