

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

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

3. Date Incorporated or Qualified

10/21/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0442826

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 607.1506, 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 the change agent

(NOTE: Registered Agent Signature required when not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
RICKEL, MORRIS
5701 N PINE ISLAND RD SUITE 390
TAMARAC FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
RICKEL, ROBERT
5701 N PINE ISLAND RD SUITE 390
TAMARAC FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
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CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13.

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96
Date

(65)726-3811
Telephone Number

CR2E034 (12/95)