

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
May 18 1998 8:00am  
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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2539 Old Okeechobee Rd

Suite, Apt. #, etc.  
SUITE 1

City & State  
WEST PALM BEACH, FL

Zip  
33409

Country  
USA

26. Mailing Address

Suite, Apt. #, etc.  
SAME AS (2)

City & State  
WEST PALM BEACH, FL

Zip  
33409

Country  
USA

3. Date Incorporated or Qualified

10/21/1993

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

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 607.1508, 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 as title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 person 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

Robert Rickel

4/6/98 (21) 470 1057

CR2E034 (10/97)