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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000074575 (0) DOCUMENT # 1. Corporation Name

FOUR WAVES ENTERPRISES, INC.

FILED May 18 1998 8:00am Secretary of State



db-198 1000 1470 1050

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9. Name and Address of Current Registered Agent LARRY A. ROTHENBERG, P.A. 2424 N FEDERAL HWY SUITE 455 NOCA RATON FL 33431 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 reg office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I horeby accept the appointment as regis agent. I am familiar with, and accept the obliquitions of, Section 607 0505, Florida Statutes SIGNATURE SIGNATURE TILE DELETE 1.2 NAME STREET ADDRESS STOT N PINE ISLAND ORD CURTE 390 1.3 STREET ADDRESS STOT N PINE ISLAND RD SUITE 390 1.4 CITY-ST-ZIP TITLE DELETE 1.4 CITY-ST-ZIP TITLE DELETE 3.1 BLE 3.2 NAME DELETE 3.3 NAME DELETE 3.4 DELETE 3.5 DELETE	.e
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2424 N FEDERAL HWY SUITE 455 NOCA RATON FL 33431 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Section's 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICE IS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN INITIAL STREET ADDRESS STOT N PINE ISLAND RD SUITE 390 13 STREET ADDRESS STOT N PINE ISLAND RD SUITE 390 14 City-S1-Zip TITLE DELETE 22 NAME STREET ADDRESS STOT N PINE ISLAND RD SUITE 390 TAMARAC FL 12 STREET ADDRESS STOT N PINE ISLAND RD SUITE 390 TAMARAC FL DELETE 31 BILLE DELETE 32 HAME CHANGE CHA	
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Amental assumt report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am a the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in a positive function with an address. officer or director of the corpora Block 12 or Block 13 it change