

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

FILED

00 JAN -3 PM 5:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000074575

1. Corporation Name

FOUR WAVES ENTERPRISES, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1140 N.W. 101 Avenue

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33322

Country

USA

2a. Mailing Address

1140 NW 101 Avenue

Suite, Apt. #, etc.

City & State

Plantation, Florida

Zip

33322

Country

U.S.A.

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 the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Larry A. Rothberg P.A.  
2424 N. Federal Hwy.  
Suite 455  
Boca Raton, FL 33431

81 Name

Robert Rickel

82 Street Address (P.O. Box Number is Not Acceptable)

1140 N.W. 101 Avenue

83

84 City

Plantation

FL

85 Zip Code

33312

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

ROBERT S. RICKEL, PRESIDENT

12-1-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D Rickel, Morris

STREET ADDRESS 4320 Casper Ct.

CITY-ST-ZIP Hollywood, FL 33021

TITLE ☐ DELETE

NAME D Rickel, Robert

STREET ADDRESS 1140 NW 101 Avenue

CITY-ST-ZIP Plantation, FL 33322

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

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

ROBERT RICKEL, DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-1-99

Date

(954) 474-5726

Daytime Phone #

CR2E034 (11/98)

2

**FOUR WAVES ENTERPRISES, INC.**  
**1140 N.W. 101 AVENUE**  
**PLANTATION, FL 33322**

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Corporation Annual Report

Dear Sir/Madam:

We recently received this form to fill out and return after we requested it be sent to us.  
We moved locations twice in the last year and as a result did not receive the form.

We respectfully request that you accept this renewal along with the standard fee of  
\$150.00, based on our track record of the previous five years. We've enclosed a cashiers  
check in that amount.

Thank you for your cooperation in this matter.

Sincerely,



Robert Rickel  
President