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

DOCUMENT # P93000074575

1. Corporation Name

FOUR WAVES GUTERPALIES, INC.

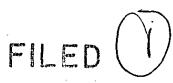
Principal Place of Business

- MATURE:

Mailing Address

UV / WW ASSET LUCKE DILLUTION.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



(954) 474-5726.

12-1-88

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business 1140 N.W. O Avenue 26 1140 NW 101 Avenue Suite, Apt. #, etc. 27 City & State City & State	
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Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State	
City & State City & State	5. Certificate of Status Desired Fee Required
	6. Election Campaign Financing 5.00 May Be
Plantation FC 28 Plantation Florida Zip Country Zip Country	Trust Fund Contribution Added to Fees
770nn — M70n	7/ 8. This corporation owes the current year Intangible 5.4. Personal Property Tax. Yes No
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	1 Name Di a a il
Larry A. Rothenburg P.A. 2424 N. Federal Huy. Sinter 455 Boxa Roton, FL 33431	2 Street Address (P.O. Box Number is Not Acceptable)
2424 At Fortical Hur.	1140 N.W. 101 Avenue
17 14 10. 1 COO 1	3
June 433	4 City 21 85 Zip Code
Boca Katon, "	Plantation FL 33312
1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the about office or registered agent probable in the State of Florida, Such change was authorized to	ve-named corporation submits this statement for the purpose of changing its registere 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 607,0005, Florida Statut	
IGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered A	pent signature required when reinstating) DATE
2. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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ME Rickel Moris . 12 NAM	
ME Rickel Moris ct. REETADORESS 4320 CASPER CT. 1.3 STRI	ET ADDRESS . \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
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ST 210	ption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informational my signature shall have the same legal effect as if made under oath; that I am an export as required by Chapter 607, Florida Statutes; and that my name appears in empowered.



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