

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

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Mar 07 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000019646 (6)**

1. Corporation Name  
**THE WAVE, INC.**

Principal Place of Business <b>235 COMMERCIAL BLVD. #201 LAUDERDALE BY THE SEA FL 33308</b>	Mailing Address <b>235 COMMERCIAL BLVD. #201 LAUDERDALE BY THE SEA FL 33308-4430</b>
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2. Principal Place of Business <b>21 255 Commercial Blvd</b> Suite, Apt. #, etc. <b>22 #205</b> City & State <b>23 Lauderdale by the Sea, FL</b> Zip <b>24 33308</b>		2a. Mailing Address <b>26 255 Commercial Blvd</b> Suite, Apt. #, etc. <b>27 #205</b> City & State <b>28 Lauderdale By The Sea, FL</b> Zip <b>29 33308</b>		3. Date Incorporated or Qualified <b>03/10/1994</b>	3a. Date of Last Report <b>06/25/1996</b>
		4. FEI Number <b>65-0479190</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>IVES, SHARON L 235 COMMERCIAL BLVD. #201 LAUDERDALE BY THE SEA FL 33308</b>		10. Name and Address of New Registered Agent <b>81 Name IVES, SHARON L. 82 Street Address (P.O. Box Number is Not Acceptable) 255 Commercial Blvd 83 #205 84 City Lauderdale By The Sea FL 85 Zip Code 33308</b>	
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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 **SHARON IVES** *Sharon Ives* **3-4-97**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b> NAME <b>IVES, SHARON L</b> STREET ADDRESS <b>235 COMMERCIAL BLVD., #201</b> CITY - ST - ZIP <b>LAUDERDALE BY THE SEA FL 33308</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>P</b> 1.2 NAME <b>IVES, SHARON L.</b> 1.3 STREET ADDRESS <b>255 Commercial Blvd #205</b> 1.4 CITY - ST - ZIP <b>Lauderdale By the Sea, FL 33308</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP 	<input type="checkbox"/> DELETE	2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP 	<input type="checkbox"/> DELETE	3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP 	<input type="checkbox"/> DELETE	4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP 	<input type="checkbox"/> DELETE	5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP 	<input type="checkbox"/> DELETE	6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE: *Sharon Ives* **Sharon Ives** **3-4-97** **954-491-7005**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)