FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 4:09

DOCUMENT # P94000044713 (3)

1. Corporation Name
AIR WAVES UNLIMITED, INC.

Principal Place of Business	Mailing Address
S.K. MARINA 1265 OLD STICKNEY POINT RD. SARASOTA FL 34242	S.K. MARINA 1265 OLD STICKNEY POINT RD. SARASOTA FL 34242

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/15/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26 5765 Britannia Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Sarasota, FL
Zip / Country 24 / 25	Zip / Country 29 34231 / 30 USA

4. FEI Number: 65-0507559 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301	81 Name: David L. O'Dell, Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 83 5765 Britannia Dr. 84 City: Sarasota FL 85 Zip Code: 34231

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: David L. O'Dell, Jr., President — 1-18-95
(Signature, typed or printed name of registered agent & 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	President	1.1 TITLE	☐ Change ☐ Addition
NAME	David L. O'Dell, Jr	1.2 NAME	
STREET ADDRESS	5765 Britannia Dr.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34231	1.4 CITY-ST-ZIP	
TITLE	Anita Northern - Secretary	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS	5765 Britannia Dr.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34231	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: David L. O'Dell, Jr. — 1-18-95 — 813-346-5052
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0346060 CP