FILE NOW: FILING FEE AFTER MAY 1 IS $22[illegible]00

PROFIT CORPORATION ANNUAL REPORT
1996

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

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	5765 BRITANNIA DR 1265 OLD STICKNEY POINT RD. SARASOTA FL 34231 US

2. Principal Place of Business	**2a.** Mailing Address
21 1249 Stickney Pt. Rd	26 6415 Midnight Pass Rd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 # 401
City & State 23 Sarasota, FL	City & State 28 Sarasota, FL
Zip 24 34242 / Country 25 USA	Zip 29 34242 / Country 30 USA

3. Date Incorporated or Qualified: 06/15/1994
3a. Date of Last Report: 01/26/1995
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

O'DELL, DAVID L JR
5765 BRITANNIA DRIVE
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name: David L O'Dell, Jr
82 Street Address (P.O. Box Number is Not Acceptable): 6415 Midnight Pass Rd
83 #401
84 City: Sarasota, FL 85 Zip Code: 34242

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 ______ (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	P	☐ DELETE
NAME	O'DELL, DAVID L JR	
STREET ADDRESS	5765 BRITANNIA DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	☐ DELETE
NAME	NORTHERN, ANITA	
STREET ADDRESS	5765 BRITANNIA DRIVE	
CITY-ST-ZIP	SARASOTA FL	
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	P	☑ Change ☐ Addition
1.2 NAME	O'Dell, David L. Jr	
1.3 STREET ADDRESS	6415 Midnight Pass Rd. #401	
1.4 CITY-ST-ZIP	Sarasota, FL 34242	
2.1 TITLE	S	☑ Change ☐ Addition
2.2 NAME	Northern, Anita	
2.3 STREET ADDRESS	6449 Beechwood	
2.4 CITY-ST-ZIP	Sarasota, FL 34231	
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		

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)(k), 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 — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-31-96 Daytime Phone #: 941-349-4761

CR2E034 (12/95)