

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000049938 (1)**

1. Corporation Name

**LAST PERFECT WAVE, INC.**



Principal Place of Business: **280 W CANTON AVE SUITE 105 WINTER PARK FL 32789**  
Mailing Address: **280 W CANTON AVE SUITE 105 WINTER PARK FL 32789**

3. Date Incorporated or Qualified: **07/01/1994**  
3a. Date of Last Report: **10/19/1995**

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)  
22. Suite, Apt. #, etc.  
27. Suite, Apt. #, etc.  
23. City & State  
28. City & State  
24. Zip Country  
25. Country  
29. Zip Country  
30. Country

4. FEI Number: **59-3266054**  
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  
**COLEMAN, S. RAY  
280 W CANTON AVE SUITE 105  
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.7508, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                 |                                   |                                 |
|-----------------|-----------------------------------|---------------------------------|
| TITLE           | <b>PD</b>                         | <input type="checkbox"/> DELETE |
| NAME            | <b>NOWICKI, TOM</b>               |                                 |
| STREET ADDRESS  | <b>280 W CANTON AVE SUITE 105</b> |                                 |
| CITY - ST - ZIP | <b>WINTER PARK FL 32789</b>       |                                 |
| TITLE           | <b>VSD</b>                        | <input type="checkbox"/> DELETE |
| NAME            | <b>TANKERSLEY, JOSEPH</b>         |                                 |
| STREET ADDRESS  | <b>280 W CANTON AVE SUITE 105</b> |                                 |
| CITY - ST - ZIP | <b>WINTER PARK FL 32789</b>       |                                 |
| TITLE           | <b>VTD</b>                        | <input type="checkbox"/> DELETE |
| NAME            | <b>COLEMAN, S. RAY</b>            |                                 |
| STREET ADDRESS  | <b>280 W CANTON AVE SUITE 105</b> |                                 |
| CITY - ST - ZIP | <b>WINTER PARK FL 32789</b>       |                                 |
| TITLE           |                                   | <input type="checkbox"/> DELETE |
| NAME            |                                   |                                 |
| STREET ADDRESS  |                                   |                                 |
| CITY - ST - ZIP |                                   |                                 |
| TITLE           |                                   | <input type="checkbox"/> DELETE |
| NAME            |                                   |                                 |
| STREET ADDRESS  |                                   |                                 |
| CITY - ST - ZIP |                                   |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 11. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME            |   |
| 13. STREET ADDRESS  |   |
| 14. CITY - ST - ZIP |   |
| 21. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME            |   |
| 23. STREET ADDRESS  |   |
| 24. CITY - ST - ZIP |   |
| 31. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME            |   |
| 33. STREET ADDRESS  |   |
| 34. CITY - ST - ZIP |   |
| 41. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME            |   |
| 43. STREET ADDRESS  |   |
| 44. CITY - ST - ZIP |   |
| 51. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME            |   |
| 53. STREET ADDRESS  |   |
| 54. CITY - ST - ZIP |   |
| 61. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME            |   |
| 63. STREET ADDRESS  |   |
| 64. 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, as indicated, on an attachment with an address

SIGNATURE: **STEPHEN R. GUZMAN**

7/3/96  
(407) 831-2177

CR2E034 (12/95)