


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

**FILED**  
**May 02 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000049938 (1)**  
 1. Corporation Name  
**LAST PERFECT WAVE, INC.**



Principal Place of Business <b>280 W CANTON AVE SUITE 105                  WINTER PARK FL 32789</b>	Mailing Address <b>280 W CANTON AVE SUITE 105                  WINTER PARK FL 32789-3146</b>
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3. Date Incorporated or Qualified <b>07/01/1994</b>	3a. Date of Last Report <b>07/17/1996</b>
4. FEI Number <b>59-3266054</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21 1799 MIZELL AVE.</b> Suite, Apt. #, etc. <b>22 WINTER PARK</b> City & State <b>23 FLORIDA</b> Zip <b>24 32789</b>	2a. Mailing Address <b>26 BOX 1197</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 WINTER PARK, FLORIDA</b> Zip <b>29 32790</b> Country <b>30</b>
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9. Name and Address of Current Registered Agent <b>COLEMAN, S. RAY</b> <b>280 W CANTON AVE SUITE 105</b> <b>WINTER PARK FL 32789</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NOWICKI, TOM 280 W CANTON AVE SUITE 105 WINTER PARK FL 32789	1.1 TITLE 1.2 NAME 1.8 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD TANKERSLEY, JOSEPH 280 W CANTON AVE SUITE 105 WINTER PARK FL 32789	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD COLEMAN, S. RAY 280 W CANTON AVE SUITE 105 WINTER PARK FL 32789	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

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 \_\_\_\_\_

CR2E034 (9/96)