

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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: **1799 MIZELL AVE WINTER PARK FL 32789**
 Mailing Address: **P.O. BOX 1197 WINTER PARK FL 32780 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)
 2a. Mailing Address (25-28)

3. Date Incorporated or Qualified: **07/01/1994**
 4. FEI Number: **59-3266054**
 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 owes or has paid the current year Intangible Personal Property Tax due June 30: 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): **1799 Mizell Ave**
 84 City: **Winter Park** FL 85 Zip Code: **32789**

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 _____ DATE _____
Signature typed or printed name of registered agent and filer of application (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOWICKI, TOM	1.2 NAME	
STREET ADDRESS	280 W CANTON AVE SUITE 105	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANKERSLEY, JOSEPH	2.2 NAME	
STREET ADDRESS	280 W CANTON AVE SUITE 105	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	2.4 CITY-ST-ZIP	
TITLE	VTD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, S. RAY	3.2 NAME	
STREET ADDRESS	280 W CANTON AVE SUITE 105	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 _____ DATE _____
Signature typed or printed name of registered agent and filer of application (NOTE: Registered Agent signature required when reinstating)

CR2E034 (10/97)