

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90070 039 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P94000049938

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 32790  
 US

DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |
|--------------------------------|---------|---------------------|---------|---|--|
| 2. Principal Place of Business |         | 2a. Mailing Address |         | 3. Date Incorporated or Qualified   |  |
| 21                             |         | 26                  |         | 07/01/1994  |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 4. FEI Number   |  |
| 22                             |         | 27                  |         | 59-3266054  |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/>   |  |
| 23                             |         | 28                  |         | \$8.75 Additional Fee Required  |  |
| Zip                            | Country | Zip                 | Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   |  |
| 24                             |         | 29                  |         | 7. \$5.00 May Be Added to Fees  |  |
| 25                             |         | 30                  |         | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent            |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| COLEMAN, S. RAY<br>1799 MIZELL AVE<br>WINTER PARK FL 32789 |  |  |  | 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 607.0501 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. (NOT E. Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                            |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |  |
|----------------------------|----------------------------|---------------------------------|---|---|--|
| TITLE                      | PD                         | <input type="checkbox"/> DELETE | 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                        | <input type="checkbox"/> DELETE | 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                        | <input type="checkbox"/> DELETE | 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                      |                            | <input type="checkbox"/> DELETE | 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                      |                            | <input type="checkbox"/> DELETE | 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                      |                            | <input type="checkbox"/> DELETE | 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, with all other like empowered.

SIGNATURE: *Joseph Tankersley* 4/23/99 Date 407-628-1476 Daytime Phone #

CR2E034 (11/98)