

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000066907

1. Entity Name

INTERWAVE, INC.



Principal Place of Business

2230 SW 70TH AVENUE
UNIT 5
DAVIE FL 33317

Mailing Address

2230 SW 70TH AVENUE
UNIT 5
DAVIE FL 33317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0547122

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDC ☐ Delete
NAME FLOOD, JOHN F
STREET ADDRESS 2230 SW 70TH AVENUE, UNIT 5
CITY-ST-ZIP DAVIE FL 33317

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS U000000196420
CITY-ST-ZIP 01/26/05-80067-020 150.00

TITLE VD ☐ Delete
NAME SMITTER, JACOB E JR.
STREET ADDRESS 2230 SW 70TH AVENUE, UNIT 5
CITY-ST-ZIP DAVIE FL 33317

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS ☐ Change ☐ Add
CITY-ST-ZIP ☐ Change ☐ Add

TITLE VD ☐ Delete
NAME BLASE, ALLEN A
STREET ADDRESS 2230 SW 70TH AVENUE, UNIT 5
CITY-ST-ZIP DAVIE FL 33317

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS ☐ Change ☐ Add
CITY-ST-ZIP ☐ Change ☐ Add

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TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS ☐ Change ☐ Add
CITY-ST-ZIP ☐ Change ☐ Add

12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Allen A. Blase
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/04 854-475-7199
Date Daytime Phone #