

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 #P94000077886

1. Corporation Name

BLUE WAVE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 1007 PARK LAKE ST.

2a. Mailing Address

26 1007 PARK LAKE ST.

3. Date incorporated or Qualified
10/20/94

3a. Date of Last Report
3/31/95

4. FEI Number
59-3277251

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

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

23 ORLANDO, FL

City & State

28 ORLANDO, FL

Zip

24 32803

Country

25 USA

Zip

29 32803

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PALMER, JOTTIE V.
1007 PARK LAKE ST
ORLANDO, FL 32803

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
P/S
JOTTIE V. PALMER
STREET ADDRESS
1007 PARK LAKE ST.
CITY, ST, ZIP
ORLANDO, FL 32803

TITLE ☐ DELETE

NAME
P/T
JULIE M. HOWELL
STREET ADDRESS
1007 PARK LAKE ST
CITY, ST, ZIP
ORLANDO, FL 32803

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1 1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

☐ Change ☐ Addition

2 1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

☐ Change ☐ Addition

3 1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change ☐ Addition

4 1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change ☐ Addition

5 1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change ☐ Addition

6 1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

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***208.75

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 if changed, or on an attachment with an address

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIE M. HOWELL

Date

2/10/96

Daytime Phone

407/648-8554

CR2E034 (12/95)