

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90120 032 ***150.00

DOCUMENT # **P94000077886**

1. Corporation Name

BLUE WAVE ENTERPRISES, INC.



Principal Place of Business

Mailing Address

1007 PARK LAKE STREET
ORLANDO FL 32803

1007 PARK LAKE STREET
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1994

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **1183 WINDY WAY**

26 **1183 WINDY WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **APOPKA, FL**

28 **APOPKA, FL**

Zip Country

Zip Country

24 **32703** 25

29 **32703** 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PALMER, JOTTIE V
1007 PARK LAKE STREET
ORLANDO FL 32803

81 Name

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

1183 WINDY WAY

83

84 City

APOPKA

FL

85 Zip Code

32703

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME **PALMER, JOTTIE V**
STREET ADDRESS **1007 PARK LAKE ST.**
CITY-ST-ZIP **ORLANDO FL 32803**

1.2 NAME
1.3 STREET ADDRESS **1183 WINDY WAY**
1.4 CITY-ST-ZIP **APOPKA, FL 32703**

TITLE DT ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME **PALMER, JULIE HOWELL**
STREET ADDRESS **1007 PARK LAKE ST.**
CITY-ST-ZIP **ORLANDO FL 32803**

2.2 NAME
2.3 STREET ADDRESS **1183 WINDY WAY**
2.4 CITY-ST-ZIP **APOPKA, FL 32703**

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99

407/423-7575

Date

Daytime Phone #

CR2E034 (11/98)