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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
VISION OF CORPORATIONS

FILED
May 11 1998 8:00am
Secretary of State

L	1990	Division of co	ONF CHATIONS	_	
DOCUMENT # P95000025627 (7)					
THE WAVY CLIPPER, INC.					
l					I 41:0 1 (1:01 (14:01
Principal Plac	e of Business	Mailing Address		-{	EL HANNE BANCE HABAT KUBAT KUBAT
101-YACHT CLUB DRIVE			-		
ST. AUGUSTI	•	ST. AUGUSTINE FL 32095	4 - 0	DO NOT WRITE IN THIS:	SPACE
3024	harbon dr	3024 HARBO	r Dr.	3. Date Incorporated or Qualified	
A Principal C	Place of Business	2a. Mailing Address	-	03/28/1995 4 FEI Number	
21	INCA DI DUSINASS	28. Malaring Address		59-3306779	Applied For Not Applicable
Suite, Apt.	₩, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	lo.	City & State			Fee Required
23	e e	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Ζip	Country	8. This corporation owes or has paid the cur	rent year Intangible
24	25	29 3	<u>ol</u>		Yes No
9. Name and Address of Current Registered Agent 10. No. No. No. No. No. No. No. No. No. No				10. Name and Address of New Registered	Agent
101 VACUE OUR DONE 257 4 HAR BOA TO			ess (P.O. Box Number is Not Acceptable)		
ST. AUGUSTINE FL 32095				Sas (1.5. Box 140 Hbb) is Not Acceptable)	
			83		
<u> </u>	•		84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation office or represent or both in the State of Florida. Such change was authorized by the corporation's agent. I air fainitely with find a capit find bligations of, Section 607.0505, Florida Statutes.					changing its registered
agent. I a	anisared agent of both in the statu Talnillar with, find a capt the ubliga	ations of, Section 607.0505, Flori	monzeo by ine corporational da Statutes.	on a board of directors. I hereby accept the app	ointment as registered
SIGNATURE	Signalities typed or printed name of reprinted ages	of and title if applicable (NOTE F	tegistered Agent signature required	d when reinstalling) DATE	8178
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D Bruner, randall	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	27 CINCINNATI AVENUE		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		1.4 CITY-ST-ZIP		ĺ
TITLE		DELETE	21 TITLE		☐ Change ☐ Addition
NAME]			2.2 NAME]
STREET ADDRESS CITY-ST-ZIP			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		ļ
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME .		[
STREET ADDRESS			3.3 STREET ADDRESS		l
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	,	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS		1	4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 C/TY - ST - Z/P		Change Addition
TITLE NAME		() DETERM	5.1 TITLE 5.2 NAME		L GHANGE L ADDITION
STREET ADDRESS			5.3 STREET ADDRESS		J
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME STORET ADDOCCC			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		1

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 of 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 directors in the receiver of the receiver or directors in the receiver or directors in the receiver or directors i

SIGNATURE:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/28/98

904-824-3800 Daytime Phone 0017858