

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.**  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED  
AND  
FILED

99 JUL -2 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0089400

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000029714**  
 1. Corporation Name  
**WAVESTAR HOMES, INC.**

Principal Place of Business 2900 EAST OAKLNAD PARK BLVD. THIRD FLOOR FT. LAUDERDALE FL 33306	Mailing Address 2900 EAST OAKLNAD PARK BLVD. THIRD FLOOR FT. LAUDERDALE FL 33306
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

3. Date Incorporated or Qualified <b>04/17/1995</b>	
4. FEI Number <b>65-0633827</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MOORE, SEAN L**  
**2900 EAST OAKLAND PARK BLVD.**  
**THIRD FLOOR**  
**FT. LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D/P/ST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MOORE-KELSO, TERI</b>	1.2 NAME	<b>Sean L. Moore</b>
STREET ADDRESS	<b>10529 MENDOCINO LANE</b>	1.3 STREET ADDRESS	<b>2900 E. Oakland Park Blvd-3rd Fl.</b>
CITY-ST-ZIP	<b>BOCSA RATON FL</b>	1.4 CITY-ST-ZIP	<b>Fort Lauderdale, Fl. 33306</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D/VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MOORE, SEAN L</b>	2.2 NAME	<b>Sean L. Moore</b>
STREET ADDRESS	<b>2900 EAST OAKLAND PARK BLVD.</b>	2.3 STREET ADDRESS	<b>2900 E. Oakland Pk, Blvd, 3rd Fl.</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	2.4 CITY-ST-ZIP	<b>Fort Lauderdale, Fl. 33306</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
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	
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	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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*Handwritten initials and date: 7-2-99*

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.

SIGNATURE: *Sean L Moore DVP 7/1/99 9545648946*

CR2E034 (5/99)