

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000035951 (9)

1. Corporation Name
NU-WAVE HEALTH PRODUCTS, INC.



Principal Place of Business: **6505 ROCKSIDE ROAD SUITE 400 INDEPENDENCE OH 44131**
Mailing Address: **6505 ROCKSIDE ROAD SUITE 400 INDEPENDENCE OH 44131**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 5905-A HAMPTON OAK PARKWAY		26 5905-A HAMPTON OAK PARKWAY		05/01/1995			
22 Suite, Apt #, etc		27 Suite, Apt # etc		4. FEI Number		Applied For	
23 TAMPA, FLORIDA		28 TAMPA, FLORIDA		59-3331491		Not Applicable	
24 33610		25 U.S.A.		29 33610		30 U.S.A.	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NAME of Registered Agent Subject to Record Where Registered) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PRESIDENT	<input type="checkbox"/> DELETE		11 TITLE	VOID	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAM K. LARIOLI			12 NAME	No longer President		
STREET ADDRESS	40 5905-A HAMPTON OAK PARKWAY			13 STREET ADDRESS	as of 6-24-96		
CITY-ST-ZIP	TAMPA, FLORIDA 33610			14 CITY-ST-ZIP	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	EXECUTIVE	<input type="checkbox"/> DELETE		21 TITLE			
NAME	DR. SEKHARAM S. KOTHA			22 NAME			
STREET ADDRESS	96 5905-A HAMPTON OAK PARKWAY			23 STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FLORIDA 33610			24 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SEKHARAM S. KOTHA **SEKHARAM S. KOTHA** PRESIDENT 6/27/96 (813) 628-0804

CR2E034 (3/96)