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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
5905-A HAMPTON OAK PKWY.
TAMPA FL 33610

Mailing Address
5905-A HAMPTON OAK PKWY.
TAMPA FL 33610-9570

2. Principal Place of Business

21 5905-A Hampton Oaks Pkwy.
Suite, Apt. #, etc.

22 City & State
Tampa, FL

23 Zip
33610

24 Hills

2a. Mailing Address

26 5905-A Hampton Oaks Pkwy.
Suite, Apt. #, etc.

27 City & State
Tampa, FL

28 Zip
33610

29 Hills

3. Date Incorporated or Qualified
05/01/1995

3a. Date of Last Report
07/24/1996

4. FEI Number

59-3331491

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83 5905-A HAMPTON OAKS PARKWAY

84 City

TAMPA

FL

85 Zip Code

33610

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

4-24-97

12. OFFICERS AND DIRECTORS

TITLE P
NAME KOTHA, SEKHARAM S
STREET ADDRESS 5905-A HAMPTON OAK PKWY.
CITY-ST-ZIP TAMPA FL 33610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME KOTHA S. SEKHARAM
1.3 STREET ADDRESS 5905-A HAMPTON OAKS PARKWAY
1.4 CITY-ST-ZIP

2.1 TITLE C/S/D
2.2 NAME JUGAL K. TANETA
2.3 STREET ADDRESS 5905-A HAMPTON OAKS PARKWAY
2.4 CITY-ST-ZIP TAMPA, FL 33610

3.1 TITLE V/T
3.2 NAME JOSEPH F. PAK
3.3 STREET ADDRESS 5905-A HAMPTON OAKS PARKWAY
3.4 CITY-ST-ZIP TAMPA, FL 33610

4.1 TITLE D
4.2 NAME MARTIN A. TRAGER
4.3 STREET ADDRESS 100 N. TAMPA STREET, SUITE 2700
4.4 CITY-ST-ZIP TAMPA, FL 33601

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

Signature typed or printed name of signing officer or director
Kottha Sekharam 4-24-97 813-628-0804

CR2E034 (9/96)