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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000037573 (9)

WAVE TRADES OF BREVARD, INC.

FILED
Apr 18 1997 8:00am
Secretary of State

799-2023

|--|

Principal Place of Business 4003 N. INDIAN RIVER DRIVE COCOA FL 32927		Mailing Address				e reallest He rani smit saut saut saut saut saut saut saut sau			
		4003 N. INDIAN RIVER DRIVE COCOA FL 32827-5943							
2000N 12 021	~ ·	000000000000000000000000000000000000000						,	
						3. Date Incorporated or Qua 05/09/1995		a. Date of Last 04/24/1996	Report
	Place of Business	2a. Mailing Address				4. FEI Number 59-3313760			Applied For
Suite, Apt	# etc	Suite, Apt. #, etc.			·	09-00 10100		60 75	Not Applicat
2	#, Old	27				5. Certificate of Status Desir	red 🗀		Additional Required
City & Sta	ale	City & State				6. Election Campaign Finan	cina		0 May Be
3		28				Trust Fund Contribution			d to Fees
Zip	Country	Žip	Cou	untry		8. This corporation has liabi			s. 199.032,
!	25	29	30	,		Florida Statutes		s No	
44	9. Name and Address of Curren	Registered Agent		B1	Mana	10. Name and Address of N	lew Regist	ered Agent	
	NDOS, JANICE			"	Name				
	3 N. INDIAN RIVER DRIVE	•		82	Street Add	fress (P.O. Box Number is Not Ac	ceptable)		
CUL	COA FL 92927			83					
								<u>-</u>	
*				84	City			FL 85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered agree		13.	d Agni	nt signature reou	ired when reinstating) ADDITIONS/CHANGES TO		ATE S AND DIRECTO	IRS IN 12
TITLE	D	DELETE	1.1 11	 ILE		7.001110107017711000 10	OTTIOLITE	Change	
NAME	CONDOS, JANICE		12 N/	AME					
STREET ADDRESS			1.3 \$1	IREE1.	ADDRESS				
CITY-ST-ZIP	COCOA FL 32927			ITY - \$1	- 21P				
TITLE	D CONDOS, JOHN	☐ DELETE	2.1 11					Change	Addit
AME.	4003 N. INDIAN RIVER DRIVE		2.2 N						
STREET ADDRESS City-\$t-zip	COCOA FL 32927				ADDRESS				
TITLE		DELETE	311	HTY-S	1-214			☐ Change	Additi
AME	1		3.2 NA		- 1			_ "	_
TREET ADDRESS			3.3 ST	TREET .	ADDRESS				
CITY-ST-ZIP			3.4. C	ny-s	1 - 712				
ITLE	1	☐ DELETE	4.1 10	1LF				Change	Additi
IAME .			4. 2 N		1				
STREET ADDRESS					ADDRESS				
OTY-ST-ZIP TITLE		DELETE	4.4 Cl	IY-SI ILE	· Z(P			Change	☐ Addili
IAMÉ	}	La precit	5 2 NA		}				
STREET ADDRESS					ADDRESS				
CITY-\$T-ZIP				1Y-S1					
TITLE		☐ DELE1E	6 1 TF					Change	Additio
NAME			6 2 N/	AME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6.4 CF	1Y - ST	· ZIP				

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 33 if changed, or on an attachment with an address.

CICALATUDE.