

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

FILED
May 07 1997 8:00am
Secretary of State

DOCUMENT # **P95000080064 (5)**

1. Corporation Name

TELEWAVE, INCORPORATED



Principal Place of Business
**1300 NORTH BOULEVARD
TAMPA FL 33607**

Mailing Address
**P.O. BOX 4033
TAMPA FL 33677-4033**

3. Date Incorporated or Qualified 10/16/1995	3a. Date of Last Report 06/25/1996
4. FEI Number 59-3347539	Applied For <input type="checkbox"/> Not Applicable
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**ROGERS, STEPHEN L
1300 NORTH BOULEVARD
TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUSEN, WILLIAM A SR.	1.2 NAME	
STREET ADDRESS	2907 BAY TO BAY BLVD., #200	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33629	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, STEPHEN L	2.2 NAME	
STREET ADDRESS	1300 NORTH BOULEVARD	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33607	2.4 CITY - ST - ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOBBINS, FRED	3.2 NAME	Linda Peterson
STREET ADDRESS	401 JACKSON STREET, 20TH FLOOR	3.3 STREET ADDRESS	1300 North Boulevard
CITY - ST - ZIP	TAMPA FL 33602	3.4 CITY - ST - ZIP	Tampa, FL 33607
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEHL, DONALD W	4.2 NAME	Donald W. Diehl
STREET ADDRESS	4141 BAYSHORE BLVD, PH #1	4.3 STREET ADDRESS	4141 Bayshore Blvd., PH#1
CITY - ST - ZIP	TAMPA FL 33629	4.4 CITY - ST - ZIP	Tampa, FL 33629
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EURE, HILLARD III	5.2 NAME	
STREET ADDRESS	1010 S. LINCOLN AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33629	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, E.A. TED	6.2 NAME	
STREET ADDRESS	1501 HILLVIEW DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34239	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen L. Rogers
President & CEO

4/29/97 813/254-9338

Date

Daytime Phone #

0370864

CR2E034 (9/96)