


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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/16/1995	4. FEI Number 59-3347539	Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent ROGERS, STEPHEN L 1300 NORTH BOULEVARD TAMPA FL 33607	
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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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

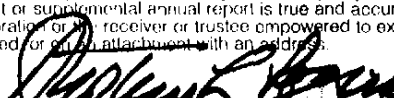
DATE

12. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> DELETE
NAME	KRUSEN, WILLIAM A SR.
STREET ADDRESS	2907 BAY TO BAY BLVD., #200
CITY-ST-ZIP	TAMPA FL 33629
TITLE	PD <input type="checkbox"/> DELETE
NAME	ROGERS, STEPHEN L
STREET ADDRESS	1300 NORTH BOULEVARD
CITY-ST-ZIP	TAMPA FL 33607
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	PETERSON, LINDA
STREET ADDRESS	1300 N BLVD
CITY-ST-ZIP	TAMPA FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	DIEHL, DONALD W
STREET ADDRESS	4141 BAYSHORE BLVD, PH #1
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	EURE, HILLARD III
STREET ADDRESS	1010 S. LINCOLN AVENUE
CITY-ST-ZIP	TAMPA FL 33629
TITLE	D <input type="checkbox"/> DELETE
NAME	ROGERS, E.A. TED
STREET ADDRESS	1501 HILLVIEW DRIVE
CITY-ST-ZIP	SARASOTA FL 34239

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William A. Krusen, Sr.
1.3 STREET ADDRESS	2907 Bay to Bay Blvd., #200
1.4 CITY-ST-ZIP	Tampa, FL 33629
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Same
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Timothy J. Clarke
3.3 STREET ADDRESS	400 Sarasota Quay
3.4 CITY-ST-ZIP	Sarasota, FL 34236
4.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Donald W. Diehl
4.3 STREET ADDRESS	4141 Bayshore Blvd., PH#1
4.4 CITY-ST-ZIP	Tampa, FL 33611
5.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Hilliard Eure, III
5.3 STREET ADDRESS	1010 S. Lincoln Avenue
5.4 CITY-ST-ZIP	Tampa, FL 33629
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Same
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

 Stephen L. Rogers 4/23/98 813/254/9339

CR2E034 (10/97)