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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000080064

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

ROGERS, STEPHEN L
1300 NORTH BOULEVARD
TAMPA FL 33607

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 not starting)

(Date)

12. OFFICERS AND DIRECTORS

TITLE D [] DELETE

NAME WILLIAM A KRUSEN SR
STREET ADDRESS 2907 BAY TO BAY BLVD., #200
CITY-ST-ZIP TAMPA FL 33629

TITLE PD [] DELETE

NAME ROGERS, STEPHEN L
STREET ADDRESS 1300 NORTH BOULEVARD
CITY-ST-ZIP TAMPA FL 33607

TITLE D [X] DELETE

NAME TIMOTHY J CLARKE
STREET ADDRESS 400 SARASOTA QUAY
CITY-ST-ZIP SARASOTA FL 34236

TITLE STD [] DELETE

NAME DIEHL, DONALD W
STREET ADDRESS 4141 BAYSHORE BLVD, PH #1
CITY-ST-ZIP TAMPA FL 33611

TITLE CD [] DELETE

NAME EURE, HILLARD III
STREET ADDRESS 1010 S. LINCOLN AVENUE
CITY-ST-ZIP TAMPA FL 33629

TITLE D [] 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

[] Change [] Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen L. Rogers

5/25/99

813/254-9338

President & CEO

0403261

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