

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P95000083599 (7)

1. Corporation Name

TAI CHI INNERWAVE, INC.

Principal Place of Business

862 MACEWEN DRIVE
OSPREY FL 34229

Mailing Address

P.O. BOX 17788
SARASOTA FL 34276
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1995

4. FEI Number

59-3348784

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

GARRIPOLI, GARRI
1300 N. BOULEVARD
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name ASSELIN, Amber Ann MARIE
82 Street Address (P.O. Box Number is Not Acceptable)
3927 Roberts Pt Rd
83
84 City SARASOTA FL 85 Zip Code 34242

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

Ann Marie Asselin ANN MARIE Asselin President
(NOTE: Registered Agent signature required when reinstating)

2/17/98
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ASSELIN, AMBER ANN MARI	
STREET ADDRESS	862 MACEWEN DR.	
CITY-ST-ZIP	OSPREY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOND, JOEY	
STREET ADDRESS	862 MACELLEN DR	
CITY-ST-ZIP	OSPREY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ARGENTI, ROSANN	
STREET ADDRESS	6302 GATEWAY AVE., #E	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GARRIPOLI, GARRI	
STREET ADDRESS	1300 N BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ASSELIN, Amber Ann MARIE	
1.3 STREET ADDRESS	3927 Roberts Pt Rd	
1.4 CITY-ST-ZIP	SARASOTA FL 34242	
2.1 TITLE	BOND, JOEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	4905 PEACEABLE way	
2.3 STREET ADDRESS	SARASOTA, FL 34242	
2.4 CITY-ST-ZIP		
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ARGENTI, ROSANN	
3.3 STREET ADDRESS	4905 PEACEABLE way	
3.4 CITY-ST-ZIP	SARASOTA FL 34242	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BLACK, IAN	
4.3 STREET ADDRESS	6784 SARA SEA circle	
4.4 CITY-ST-ZIP	SARASOTA FL 34242	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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:

Ann Marie Asselin (Amber) ANN MARIE Asselin President 2/5/98 (941)3493456

CR2E034 (10/97)