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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000023219 (4)

BLUE WAVE RESEARCH, INC.

FILED Jan 14 1997 8:00am Secretary of State



4972 HIDDEN F COCOA FL 329		4972	Mailing Address 4972 HIDDEN PINE PLACE COCOA FL 32926-3454			-				
							3. Date Incorporated or Qualified 03/11/1996	3a. Da	ite of Las	st Report
2. Principal P	Place of Business	2a. 26	Mailing Address				4. FEI Number 5-9-3364/48			Applied For Not Applicable
Suite. Apt	#, etc	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & Stat	te	28	City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Ζίρ 24	Country 25		Zip	Cour	ntry		8. This corporation has liability for		tax unde	
	9. Name and Address of Cu		ered Agent	15.51			10. Name and Address of New Re			
ΥΛΙ	JNGQUIST, ROBERT C				81	Name	2774	***************************************		
4972 HIDDEN PINE PLACE COCOA FL 32926					82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
000	JON 1 L GESEO				83			***		
					84	City		FL	85 2	ip Code
SIGNATURE	Segreta, Speaning procedure is of consent OPHICERS	redagent and title r S AND DIREC	TORS	13.		nt signature requ	ired when roinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND		
TITLE	1		DELETE	1.1 TO	FI F	1	10 J C		☐ Chan	no DKIAddition
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				1.2 NA 1.3 ST	ame Reet	ADODESC A	CHARON YOUNGQUIST	PL.	o.a	ge 24 Adultun
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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. 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 co-poral on 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT C. YOUNGQUEST

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