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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90055 013 ***150.00

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1. Corporation Name

WEST PALM BEACH HEATWAVE INCORPORATED

Principal Place of Business

2215 PALM BEACH LAKES BLVD.
WEST PALM BEACH FL 33409
US

Mailing Address

P.O. BOX 4380
BOCA RATON FL 33429
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1996

4. FEI Number

65-0693071

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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81 Name

82 Street Address (P.O. Box Number Not Acceptable)

83 City

84 State

85 Zip Code

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10. Name and Address of New Registered Agent

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84 State

85 Zip Code

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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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Wm N Kirk* DATE *3/19/99*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD KIRK, KATHERINE 1738 COSTA DEL SOL BOCA RATON FL 33432

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VSTD KIRK, WILLIAM N 1738 COSTA DEL SOL BOCA RATON FL 33432

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD KIRK, SKAYE A 1531 N RIDGEWOOD DR WICHITA KS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD KIRK, ALBERT J 1531 N RIDGEWOOD DRIVE WICHITA KS

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

SIGNATURE *Wm N Kirk* DATE *3/18/99*

Signature and typed or printed name of signing officer or director Date Daytime Phone #