FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

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DFFSAURE SERVICES

EVICES INC

FILED
May 08 1997 8:00am
Secretary of State

		1,10000	121 10		
Principal Plac	e of Business	Mailing Address	<i>t</i>		
14	471 SW 12" 1	IVE POB			
S	n= 103	866	2 0 -		
Po	471 SW 12" 1 TE 103 COMPAND BEACH FL :	83069 DEER	Z PIECO BUI FL 3340	13 8/29/96 ~	ale of Last Report
	facc of Business			4. FEI Number 65-0 694453	Applied For
21 Suite, Apt	t ale	26 Suite, Apt. #, etc.		65-06/7435	Not Applicable
22	#, CCC	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
C ty & Stat	(•	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζιρ	Country	Zip	Country	B. This corporation has liability for intangible	
24	25	29	30		₹No
	9. Name and Address of Curre	ent Hegistered Agent	81 Name	10. Name and Address of New Registered	Agent
			<u> </u>	EN COPBRYEL	de
			82 Street At	ddress (P.O. Box Number is Not Acceptable)	M.
			B3	S SE 8 ANE STE 106	
			84 City	ERFIELD BUI FL FL	85 Zip Code
11, Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Statu		orporation submits this statement for the purpose of oration's board of directors. I hereby accept the app	changing its registered
office or r	registered agent, or both, in the Sta ini factor with, and accept the obj	te of Florida, Such change was dutions of Section 607 0505. F	authorized by the corpo	oration's board of directors. I hereby accept the app	ointment as registered
	Dry Come	KEN (PARKYEL	4/16/97	
SIGNATURE	Steplanare Type: For print, distribution inglet had a	gent and little if epolicable (NC	ITE - Registered Agent signature re		
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
160	DAVI	☐ DELETE •	1.1 TITLE		Change Addition
NAME	GABRIELIKEN		1.2 NAME		
STREET ADDRESS	GABRIELIKEN 1415 SE PAVE STO DESCRIBED BY	E/06	1 3 STREET ADDRESS		
0 ** - \$1 - 7 ->		DELETE	1 4 City-ST-ZIP 2 1 Title		☐ Change ☐ Addition
TIME	S		2 2 NAME		☐ cusude ☐ Youthor
NAME STREET ADDRESS	GABRYEL, KEN DEFRENCED BUT		2 3 STREET ADDRESS		
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NAM:			. 4. 2 NAME		
STREET ADDRESS.			4.3 STREET ADORESS		
CH 5 76	· · · · · · · · · · · · · · · · · · ·	- I noter	4.4 CITY-ST-ZIP	A	T121 2-1
TI LE		☐ DELETE	5.1 TITLE	ν_{\prime}	Change Addition
NAMI		•	5.2 NAME	165	11/1/2
Stell Modelin			5 3 STREET ADDRESS	Y/10)	K/Y!
		DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		Charge Addition
NAME		bud Penalt	6 2 NAME	30000 £1851 (-05/20/97010540	ď3
906812400835			6.3 STREET ADDRESS	-05/20/97010540	26
Clarate Ververies			6.4 CITY - ST - ZIP	***165.00	
44	i by certify that the information suppli	ed with this filing does not qua	life to the evention ato	and in Pastian 110 07(2)(i) Florida Statutan I further	r certify that the
mforeratid Fagilian d appears i	in it a cated on this any oal report or Moer or director of the corporation in In Brock 12 or Block 13 if granded,	supplemental annual report is or the receiver or trustee empo or on an assichment with an ac	true and accurate and to wered to execute this re- doress.	hat my signature shall have the same legal effect as port as required by Chapter 607, Florida Statutes, a	if made under oath; tha nd that my name