

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 30, 1999 8:00 am
Secretary of State

08-30-1999 90005 011 ***550.00

DOCUMENT # **P97000003134**

1. Corporation Name

TIDALWAVE PRODUCTIONS, INC.



Principal Place of Business

**215 S OLIVE AVE
STE 302
WEST PALM BEACH FL 33401
US**

Mailing Address

**POST OFFICE BOX 6086
WEST PALM BEACH FL 33405**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1997

4. FEI Number

65-0716793

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 the current year
Intangible Personal Property.

☒ Yes ☐ No

2. Principal Place of Business

21 703 Maplewood Dr

Suite, Apt. #, etc.

22

City & State

23 West Palm Beach FL

Zip Country

24 33415 25 Palm Beach

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29 33415 30 Palm Beach

9. Name and Address of Current Registered Agent

**ROWELL, LAURI
215 S OLIVE AVE
STE 302
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name **Lauri Rowell**

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

703 MAPLEWOOD DR

83

City **West Palm Beach**

FL

85 Zip Code **33415**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **ROWELL, LAURI**

STREET ADDRESS **316 1/2 MARLBOROUGH PL**

CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **VPD** ☐ DELETE

NAME **PLOCK, DAVID**

STREET ADDRESS **316 1/2 MARLBOROUGH PL**

CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **703 MAPLEWOOD DR**

1.4 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **703 MAPLEWOOD DR**

2.4 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

DAVID L. PLOCK VPD 8/19/99 561-689-9293

CR2E034 (5/99)