SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #** P97000028179 (4)

TIDALWAVE BEACH RENTALS, INC.

Principal Place of Business Mailing Address 9005 TARAWYND COURT P.O. BOX 338 ODESSA FL 33556 ODESSA FL 33556 3. Date Incorporated or Qualified 03/24/1997

**FILED** Aug 27 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

				00/24/1001
2. Principal Place of Business 2a. Malling Address 21 200 N · Ashley Dr · 26				4. FEI Number Applied For Sq - 3440672 Not Applicable
21 200 Suite, Apt.	11 1100	Suite, Apt. #, etc.		SR 75 Additional
22] 27				5. Certificate of Status Desired  \$8.75 Additional Fee Required
City & State  City & State  City & State  28				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
			Country	8. This corporation owes or has paid the current year Intangible
24 33602 25 U.S.A. 29 30			30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Currer	10. Name and Address of New Registered Agent		
FLORIDA DOCUMENT CENTERS				Teddy C. and Lori A: Tyler
9039 LITTLE ROAD			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)
				205 Tarawyrd G.
[83]				
			84 City	Odessa FL 85 Zip Code 33554
11 Pursuant to the provisions of sections 507 0502 and 507 1509. Elevide Statutes the above named corneration submits this determine for the surpose 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 Loud Sele Secretary Loud Hen 8.20.98				
SIGNATURE .	Signature, typod or printed name of registered ager		OTE: Registered Agent signature n	
12.	<del></del>	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1,1 TITLE	Change Addition
NAME	Tyler, teddy c		1.2 NAME	
STREET ADDRESS	9005 TARAWYND COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556		1,4 CITY-ST-ZIP	
TITLE	D	DELETE	2.1 TITLE	Change Addition
NAME	TYLER, LORI A		2.2 NAME	
STREET ADDRESS	9005 TARAWYND COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556		2.4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		DELETE	4.4 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.5 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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.

Lau a Deput 121 Extraordam

8-2098

(413) 926-9283