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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000043587

WAVE 3 NETWORK MARKETING, INC.

| | NEW OWN WORKS | | | | | | | | | | |
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| Principal Place | of Business | Mai | iling Address | | | · - | | ,,,, ,481, 441,1 4814 34 1 | 45111 41565 (111 | | |
| 21548 TRUMPET | TER DR | 2154 | 48 TRUMPETER DR | | | | | | | | |
| LAND O'LAKES | | LAN | D O'LAKES FL 33639 | | | | _ | NO NOT MORE IN | TUIC CDAC | = | |
| US | | US | | | | | | O NOT WRITE IN | THIS SPACE | | |
| | | | | | | | 3. Date Incorporated | or Qualified | | | |
| | | | | | | | 05/13/1997 | | | 1. | P. A.F. |
| 2. Principal Pl | lace of Business | - | Mailing Address | | | | 4. FEI Number | | - | | lied For |
| 21 | | 26 | | | | | <u>59-3442476</u> | | <u> </u> | | Applicable |
| Suite, Apt. | #, etc. | <u> </u> | Suite, Apt. #, etc. | | | | 5. Certifcate of State | us Desired 🔲 | | . / Э Adee Req | dditional |
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| 23 | | 28 | 7:- | | nts: | | Trust Fund Contri | | | ided to | rees |
| Zip | Country | - | Zip | Cou | пиу | | 8. This corporation of | - | ear Intangible Ye:⊡ | | XNo. |
| 24 | [25] | 29 | | 30 | ı | | Personal Property 10. Name and Address | | | | _1,0 |
| | 9. Name and Address of Curre | ent Registe | erea Agent | | 81 | Name | iv. Name and Addr | ess of Hew Kedis | reien Want | | · · · · · - |
| DEE | SE, KELLY L | | | | " | Name | | | | | |
| | 18 TRUMPETER DR | | | | 82 | Street Addr | ess (P.O. Box Number is | s Not Acceptable) | | | |
| | D O'LAKES FL 33639 | | | | | | | · | | | |
| CAIAI | D O PAVES LT 22028 | | | | 83 | | | | | | |
| | | | | | 84 | City | | *** | FL 85 | Zip Co | ode |
| 44.5 | to the provisions of Sections 607.05 | | 7 1500 Florido Statu | too tho o | hove | named corn | oration cubmits this state | ement for the purn | | no its r | egistered |
| 1 office or c | egistered agent, or both, in the State m familiar with, and accept the oblig | a of Florids | a. Such change was : | authorized | i hv i | the corporatio | on's board of directors. I | hereby accept the | appointment | as regi | istered |
| agent. ra | in lamilar with, and accept the oblig | gations of, a | Section 607.0505, FI | orida Stati | utes. | • | | | | | |
| SIGNATURE | | | | onda Stati | | | | | ATT | | |
| SIGNATURE | Signature, typed or printed name of registered ag- | gent and title if | applicable. (NOT | orida Stati | | | d when reinstating) | | ATE | ECTOR | S IN 12 |
| SIGNATURE | Signature, typed or printed name of registered ag | gent and title if | applicable. (NOT | E: Registered | Agent | | d when reinstating) ADDITIONS/CHAN | | RS AND DIR | | |
| SIGNATURE 12. TITLE | Signature, typed or printed name of registered ag OFFICERS A | gent and title if | applicable. (NOT | E: Registered | Agent | | | | | | RS IN 12 |
| SIGNATURE 12. TITLE NAME | Signature, typed or printed name of registered ag OFFICERS A P REESE, KELLY L | gent and title if | applicable. (NOT | E: Registered 13. 1.1 TT | Agent TLE VME | signature require | | | RS AND DIR | | |
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP