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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000047633 (7)

AIRWAVE MARINE GROUP, INC.

FILED May 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 129 S.E. 43RD TERRACE 129 S.E. 43RD TERRACE CAPE CORAL FL 33904 CAPE CORAL FL 33904 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/29/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-075 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes DI No 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent 81 Name COSTELLO, KEVIN T 129 S.E. 43RD TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33904 83 City 84 85 Zip Code 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. Thereby accept the appointment as registered agent. Lam 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 DIGE COSTELLO, KEVIN T 1.2 NAME NAME 129 S.E. 43RD TERRACE STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.5 THLE COSTELLO, TRACY K NAME 22 NAME 129 S.E. 43RD TERRACE STREET ADDRESS 2.3 STREFT ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP 2.4 CHTY - S1 - ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ■ Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADORESS 4.4 CITY - ST - 7IP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 C(TY - S1 - Z(P CITY-ST-ZIP DELETE Change Addition 6.1 THLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 City - S1 - 7/P

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this furnual report or supplemental amount 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 appears.

4-23-98