

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90092 013 \*\*\*150.00

DOCUMENT # P97000057911

1. Corporation Name

MAKIN' WAVES PRODUCTIONS, INC.

Principal Place of Business

5711-15 BOWDEN ROAD  
SUITE 321  
JACKSONVILLE FL 32216

Mailing Address

5711-15 BOWDEN ROAD  
SUITE 321  
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1997

4. FEI Number

59-3455792

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4244 UNIV. Blvd. SOUTH

2a. Mailing Address

26 4244 UNIV. Blvd. SOUTH

Suite, Apt. #, etc.

22 SUITE 1

Suite, Apt. #, etc.

27 SUITE 1

City & State

23 Jacksonville, Florida

City & State

28 Jacksonville, Florida

Zip

24 32216

Country

25 USA

Zip

29 32216

Country

30 USA

9. Name and Address of Current Registered Agent

DILLINGHAM, PHILIP I  
5711-15 BOWDEN ROAD  
SUITE 321  
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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. 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 EVP  
NAME POZO, JOE  
STREET ADDRESS 194 33RD STREET  
CITY-ST-ZIP ORLANDO FL 32839 ☒ DELETE

TITLE P  
NAME LUFT, MARC  
STREET ADDRESS 2644 HOFFMAN DRIVE  
CITY-ST-ZIP ORLANDO FL 32837 ☐ DELETE

TITLE CEO  
NAME EMERCIK, ALFRED C  
STREET ADDRESS 4818 VICTORIA CHASE COURT  
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
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  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 4045 CROCKERS LAKE Blvd #2223  
2.4 CITY-ST-ZIP SARASOTA, FL. 34238

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/28/99

904-739-2240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)