

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

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998.		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

New Wave Industries, Inc.

pg 70000086490

Principal Place of Business

Mailing Address

4023 S.W. 8th Court
Cape Coral, FL. 33914

4023 S.W. 8th Court
Cape Coral, FL. 33914

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/27/97	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0787184	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	
24		25		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Mary

81 Name

Mary Beckman

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

4023 S.W. 8th Ct.

83

84 City

Cape Coral

FL

85 Zip Code

33914

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 Mary Beckman Mary Beckman

Signature of person or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-30-98

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	President	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Mary Beckman			1.2 NAME			
STREET ADDRESS	4023 S.W. 8 th Ct.			1.3 STREET ADDRESS			
CITY-ST-ZIP	Cape Coral, FL. 33914			1.4 CITY-ST-ZIP			
TITLE	Vice-P	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Sheryl Hack			2.2 NAME			
STREET ADDRESS	245 SW 32nd Terr.			2.3 STREET ADDRESS			
CITY-ST-ZIP	Cape Coral, FL. 33914			2.4 CITY-ST-ZIP			
TITLE	Treasurer	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Lisa Shacklette			3.2 NAME			
STREET ADDRESS	4023 SW 8 th Ct.			3.3 STREET ADDRESS			
CITY-ST-ZIP	Cape Coral, FL. 33914			3.4 CITY-ST-ZIP			
TITLE	Sec.	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Kelly Volker			4.2 NAME			
STREET ADDRESS	245 SW 32nd Terr.			4.3 STREET ADDRESS			
CITY-ST-ZIP	Cape Coral, FL. 33914			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

CR2E034 (10/97)

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JR