Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90059 018 ***150.00

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

DOCUMENT # P97000093367

1. Corporation Name

WAVECREST MANAGEMENT CORPORATION

WAYCON	EOT MANAGEMENT OOT	OHATIC	7.14								
Principal Place	of Business	Mail	ling Address			_		I ŞBÜLIĞÜL IIM LÜLŞI LÜMIL MÜILI	MEHL MARK MAHL	7 (8188 11)0K 2)(10 1	Ting some com
1500 N.W. 49TH		1500	1500 N.W. 49TH STREET				ì				
SUITE 500			SUITE 500								
FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309				09)			DO NOT WRITE IN THIS SPACE			
							3.	. Date Incorporated or Qualife	ed		
								10/30/1997			
2. Principal Pl	ace of Business	2a.	Mailing Address				4.	. FEI Number			olied For
21		26						<u>65-0794076</u>			Applicable
Suite, Apt. i	Suite, Apt. #, etc.						5.	. Certifcate of Status Desired		\$8.75 A	
22 27											
City & State			City & State				6.	 Election Campaign Financin Trust Fund Contribution 	g 🗆	\$5.00 to Added to	
23	C	28	Zip	Cou	ntni						71 003
Zip	Country	\vdash		30	iiu y		8	 This corporation owes the c Personal Property Tax. 	urrem year ii		□No
24	9. Name and Address of Curre	29		30			10	, Name and Address of Nev	v Registered		
	9. Name and Address of Curre	iii vedisii	Bied Agent		81	Name		, , , , , , , , , , , , , , , , , , , ,			
BOYLE, CONRAD J									-,		
500 EAST BROWARD BOULEVARD					82	Street Ad	ddress (I	P.O. Box Number is Not Acce	ptable)		Į
SUITE 1950					83	-					
FORT LAUDERDALE FL 33394											
					84	City			Fl	85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the						e-named co	ornoratio	on submits this statement for t	he nuroose o	of changing its	registered
office or re	o the provisions of Sections 607.03 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida	a. Such change was au	itnorized	I DY	tne corpora	ation's b	poard of directors. I hereby ac	cept the appo	intment as reg	jistered
SIGNATURE											
	Signature, typed or printed name of registered ag		· · · · · · · · · · · · · · · · · · ·		Agei	nt signature requ	uired when		DATE	UD DIDECTO	DC IN 40
12.	OFFICERS A	ND DIREC		13.				ADDITIONS/CHANGES TO	JEFICERS A	Change	Addition
TITLE	D		☐ DELETE	1.1 TD							
NAME	OTTO TO THE OTTO				ME.					•	
STREET ADDRESS					1.3 STREET ADDRESS						
CITY-ST-ZIP	FORT LAUDERDALE FL 3330	9		1.4 CI		ST-ZIP				Channa	Addition
TITLE	D		☐ DELETE	2.1 Tř	TLE					☐ Change	[] Addition
NAME	CHYNOWETH, KEENAN					ļ					-
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CITY-ST-ZIP	FORT LAUDERDALE FL 3330	9		_		ST-ZIP					Addition
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NAME				3.2 NA	ME						1
STREET ADDRESS				3.3 \$1	REE	TADDRESS					
CITY-ST-ZIP						ST-ZIP					
TITLE			☐ DELETE	4.1 TI	TLE					☐ Change	☐ Addition
NAME				4.2 N	AME						
STREET ADDRESS				4.3 S1	TREE	TADDRESS					
CITY-ST-ZIP				4.4 CI	TY-S	ST-ZIP					
TITLE			☐ DELETE	5.1 TI		1				Change	☐ Addition
NAME				5.2 N/						•	
STREET ADDRESS						TADDRESS					}
CITY-ST-ZIP				_		ST-ZIP	_				
TITLE			☐ DELETE	6.1 TI	ILE					Change	☐ Addition

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.

6.2 NAME 8.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

mgt. corp. OFFICER OR DIRECTOR

Daytime Phone #