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Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90238 041 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000021676

1. Corporation Name  
WAVE LENGTH YACHTS, INC.



Principal Place of Business: 333 MARIE ST. OZONA FL 34080  
*Palm Harbor, FL 34683*

Mailing Address: P.O. BOX 492 OZONA FL 34080  
*333 MARIE ST. Palm Harbor, FL 34683*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/06/1998

2. Principal Place of Business: 21  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24 Country: 25

2a. Mailing Address: 26  
Suite, Apt. #, etc.: 27  
City & State: 28  
Zip: 29 Country: 30

4. FEI Number: 59-3499341 (EIN) 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

9. Name and Address of Current Registered Agent  
ORME, MARY G  
333 MARIE ST.  
~~OZONA FL 34080~~  
*Palm Harbor, FL 34683*

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 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: *Mary Orme, President* DATE: 2/1/99

12. OFFICERS AND DIRECTORS

TITLE	<i>PRESIDENT</i>	<input type="checkbox"/> DELETE
NAME	<i>MARY ORME</i>	
STREET ADDRESS	<i>333 MARIE ST.</i>	
CITY-ST-ZIP	<i>PALM HARBOR, FL 34683</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 by attachment with an address, with all other like empowered.

SIGNATURE: X *Mary Orme* DATE: 2/1/99 (727) 733-0334

CR2E034 (11/98)