

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  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90295 044 \*\*\*158.75

DOCUMENT # P98000023183

1. Corporation Name  
WAVE GUIDE TECHNOLOGIES, INC.

Principal Place of Business  
13300 INDIAN ROCKS RD. SUITE 805  
LARGO FL 33774

Mailing Address  
13300 INDIAN ROCKS RD. SUITE 805  
LARGO FL 33774



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1998

4. FEI Number

59-3564141

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

7. This corporation owes the current year Intangible  
Personal Property Tax.



Yes No

2. Principal Place of Business

21 853 Seacrest Drive

2a. Mailing Address

26 P.O. Box 17814

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 LARGO, FLORIDA

27 City & State

28 CLEARWATER, FLORIDA

24 Zip

33771

Country

USA

29 Zip

33762

Country

USA

9. Name and Address of Current Registered Agent

GOTTSCHAMER, WILLIAM J  
13300 INDIAN ROCKS RD. SUITE 805  
LARGO FL 33774

DELETE

10. Name and Address of New Registered Agent

81 Name

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

83 853 SEACREST DRIVE

84 City

LARGO,

FL

85 Zip Code

33771

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 the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Stephanie Foster, Stephanie Foster, President

3-19-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME GOTTSCHAMER, WILLIAM J  
STREET ADDRESS 13300 INDIAN ROCKS RD, SUITE 805  
CITY-ST-ZIP LARGO FL 33774

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

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.

SIGNATURE:

Stephanie Foster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

DATE

727-530-1519

Daytime Phone #

0421955

CR2E034 (11/98)