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FILED
May 10, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000024364

1. Corporation Name
HIGHWAVE INCORPORATED

Principal Place of Business
**255 N. DR.
ENGLEWOOD FL 34223-3637**

Mailing Address
**P.O. BOX 1633
ENGLEWOOD FL 34295-1633**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1998

4. FEI Number

65-0820271

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 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**LEAH, JILL
255 NORTH DRIVE
ENGLEWOOD FL 34223**

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 **PD** ☐ DELETE
NAME **LEAH, JILL**
STREET ADDRESS **19505 QUESADA AVE., #2915**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE **VD** ☐ DELETE
NAME **HELBING, ALAN**
STREET ADDRESS **19505 QUESADA AVE., #2915**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE **VD** ☐ DELETE
NAME **LANDIS, JANET LEAH**
STREET ADDRESS **6001 PELICAN BAY BLVD., APT. 906**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **STD** ☐ DELETE
NAME **LANDIS, DONALD**
STREET ADDRESS **6001 PELICAN BAY BLVD., APT. 906**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **VD** ☐ DELETE
NAME **LEAH, JOSEPH**
STREET ADDRESS **MOOSHAMER STRASSE 7**
CITY-ST-ZIP **82544 EGLING, GERMANY**

TITLE **VD** ☐ DELETE
NAME **LEAH, CLAUDIA**
STREET ADDRESS **MOOSHAMER STRASSE 7**
CITY-ST-ZIP **82544 EGLING, GERMANY**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **LEAH, JILL**
1.3 STREET ADDRESS **255 NORTH DRIVE**
1.4 CITY-ST-ZIP **ENGLEWOOD, FL 34223**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **HELBING, ALAN**
2.3 STREET ADDRESS **255 NORTH DRIVE**
2.4 CITY-ST-ZIP **ENGLEWOOD, FL 34223**

3.1 TITLE **VD** ☒ Change ☐ Addition
3.2 NAME **LANDIS, JANET LEAH**
3.3 STREET ADDRESS **202 SOUTH DRIVE**
3.4 CITY-ST-ZIP **ENGLEWOOD, FL 34223**

4.1 TITLE **STD** ☒ Change ☐ Addition
4.2 NAME **LANDIS, DONALD**
4.3 STREET ADDRESS **202 SOUTH DRIVE**
4.4 CITY-ST-ZIP **ENGLEWOOD, FL 34223**

5.1 TITLE **VD** ☒ Change ☐ Addition
5.2 NAME **LEAH, JOSEPH**
5.3 STREET ADDRESS **6 DEVON AVENUE**
5.4 CITY-ST-ZIP **BEVERLY, MA 01915**

6.1 TITLE **VD** ☒ Change ☐ Addition
6.2 NAME **LEAH, CLAUDIA**
6.3 STREET ADDRESS **6 DEVON AVENUE**
6.4 CITY-ST-ZIP **BEVERLY, MA 01915**

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:

S. Leah Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

941-460-0330

Daytime Phone #

CR2E034 (1/98)