

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 # P98000046126

1. Corporation Name  
NEXWAVE, INC.

Principal Place of Business  
565 DOGWOOD DR.  
SATELLITE BEACH FL 32937

Mailing Address  
565 DOGWOOD DR.  
SATELLITE BEACH FL 32937

FILED  
Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90068 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/20/1998

4. FEI Number  
59-3515262

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$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 NEXWAVE, INC.

2a. Mailing Address  
26 218A E. Eau Gallie Blvd

22 A20  
City & State

27  
City & State

23 INDIAN Harbour Beach FL

28  
City & State

24 32937 25 Brevard

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARMSTRONG, KAREN S  
565 DOGWOOD DR.  
SATELLITE BEACH FL 32937

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 490 Roosevelt Ave.  
84 City  
85 Zip Code  
Satellite Beach FL 32937

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME ARMSTRONG, RICHARD D  
STREET ADDRESS 565 DOGWOOD DR.  
CITY-ST-ZIP SATELLITE BEACH FL 32937

1.1 TITLE P  
1.2 NAME Armstrong, Richard D.  
1.3 STREET ADDRESS 490 Roosevelt Ave  
1.4 CITY-ST-ZIP Satellite Beach, FL, 32937

TITLE D  
NAME ARMSTRONG, KAREN S  
STREET ADDRESS 565 DOGWOOD DR.  
CITY-ST-ZIP SATELLITE BEACH FL 32937

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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 on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Armstrong 3/30/99 407-777-9822  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #