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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000065331

1. Corporation Name
3RD WAVE WORKS, INC.

Principal Place of Business	Mailing Address
625 49TH ST NORTH ST. PETERSBURG FL 33710	625 49TH ST. NORTH ST. PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1501 JUNGLE AVE. N.
Suite, Apt. #, etc. 22
City & State 23 ST PETERSBURG, FL
Zip 24 33710 Country 25

2a. Mailing Address
26 PO BOX 55424
Suite, Apt. #, etc. 27
City & State 28 ST PETERSBURG, FL
Zip 29 33732-5424 Country 30

3. Date Incorporated or Qualified
07/22/1998

4. FEI Number
59-3524521
☐ 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

ESTIME, GILBERT
17454 S.W. 79 COURT
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name: BARRY S. WOOD
82 Street Address (P.O. Box Number is Not Acceptable): 1438 75TH CIRCLE
83
84 City: ST PETERSBURG FL 85 Zip Code: 33702

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: Barry S. Wood DATE: 5/5/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TP ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	WOOD, BARRY S	1.2 NAME	Same except for
STREET ADDRESS	1438 75TH CIRCLE N.E.	1.3 STREET ADDRESS	Zipcode
CITY-ST-ZIP	ST. PETERSBURG FL 33710	1.4 CITY-ST-ZIP	33702
TITLE	SV ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ZITNIK, DAVID F	2.2 NAME	
STREET ADDRESS	1433 JUNGLE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: Barry S. Wood BARRY S. WOOD 4/21/99 727-345-8672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #