COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

OCUMENT # **P98000104766**
Corporation Name

PHATWAVE.COM, INC.

ncipal Place of Business

55 PARKVIEW AVE.
CA RATON FL 33428

Mailing Address

9755 PARKVIEW AVE.
BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/17/1998

4. FEI Number
65-0883027
Applied For
Not Applicable

Principal Place of Business	2a. Mailing Address	26	4. FEI Number 65-0883027	Applied For / Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country	25	Zip 29 / Country 30	8. This corporation owes the current year Intangible Personal Property.	☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RUFFIN, THOMAS III 9755 PARKVIEW AVE. BOCA RATON FL 33428	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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.

GNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE _____

OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
D BURNS, DAVID 9755 PARKVIEW AVE. BOCA RATON FL 33428	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/99)

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 dicated 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 n 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 Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE: _DAVID C. BURNS_   8-31-99   561.883.2935

September 1, 1999

Florida Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302

Dear Division of Corporations:

Recently I received a 2ND NOTICE notification regarding my corporation's 1999 annual report; however, I never received the first notice. My mailing address is a new development and I have had frequent delivery problems.

On August 31, 1999, I called your office and was told that I needed to write a letter stating that I had not received my first notice and to include a check for the required original $150 dollar payment.

I apologize for any problems that I may have caused, but appreciate your time and attention regarding this matter.

With kindest personal regards,

I am sincerely,

David C. Burns