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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S49636** **(1)**

1. Corporation Name

SUNWAVE INC.

Principal Place of Business	Mailing Address
2216 S.E. 1ST STREET **BOYNTON BEACH FL 33435**	**2216 S.E. 1ST STREET** **BOYNTON BEACH FL 33435**

3. Date Incorporated or Qualified: **06/01/1991**
3a. Date of Last Report: **04/20/1995**
4. FEI Number: **65-0258741** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2950 NW Commerce Park Dr.	26 2950 NW Commerce Park Drive
Suite, Apt. #, etc. 22 Suite 8	Suite, Apt. #, etc. 27 Suite 8
City & State 23 Boynton Bch., FL.	City & State 28 Boynton Bch., FL.
Zip / Country 24 33426 / 25 USA	Zip / Country 29 33426 / 30 USA

9. Name and Address of Current Registered Agent

LABOSCO, ROBERT
2216 SE 1ST ST.
BOYNTON BEACH 33435

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: Robert Labosco Robert LABOSCO President 4-16-96
(Signature, typed or printed name of registered agent and date of signature) (NOTE: If registered agent is a corporation, the signature must be that of an officer.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	LABOSCO, FRANK		1.2 NAME	
STREET ADDRESS	5633 PIPERS WAITE		1.3 STREET ADDRESS	3029 N. Monet CT
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	Flower Mound Texas 75028
TITLE	VDST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LABOSCO, JUDY		2.2 NAME	
STREET ADDRESS	2216 SE 1ST ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LABOSCO, ROBERT		3.2 NAME	
STREET ADDRESS	2216 SE 1ST ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL		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 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Robert Labosco Robert LABOSCO President 4-16-96 (407) 533 5354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #