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 # **S83989**

1. Corporation Name

WAVE CRAZE, INC.

Principal Place of Business Mailing Address 1872-A EAST MERRITT ISLAND CAUSEWAY 303 MAGNOLIA AVENUE MERRIT ISLAND FL 32952 MERRITTI ISLAND FL 32952 DO NOT WRITE IN THIS SPACE 3 Date Incorporated or Qualifed 09/30/1991 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-3088307 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 6. Election Campaign Financia City & State City & State \$5.00 ... 23 28 Zip Country Zip Country 8. 24 25 30 9. Name and Address of Current Registered Agent 10. N Name TAYLOR, GREGORY F. Street Address (P.O. 82 2456 W SHERWIN CIRCLE COCOA FL 32956 83 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation s office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's boar 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 reins OFFICERS AND DIRECTORS 12. 13. AD PD ☐ DELETE TITLE 1.1 TITLE TAYLOR, GREGORY F. NAME 1.2 NAME 2456 W SHERWOOD CIRCLE 1.3 STREET ADDRESS STREET ADDRESS COCOA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE STD DELETE 2.1 TITLE TAYLOR, JULIE NAME 2.2 NAME 2456 W SHERWOOD CIRCLE STREET ADDRESS 2.3 STREET ADDRESS COCOA FL 2.4 CITY-ST-ZIP CITY-ST-ZIF □ DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 333 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ DELETE Change Addition TITLE 6.2 NAME NAME

FILED Jan 22, 1999 8:00am Secretary of State

01-22-1999 90051 038 ***150.00

| rust Fund Contribution | | Added to Fees | |
|---|--------------------------------|----------------------------|------------------------|
| his corporation owes the curre | ent vear Intar | naible | |
| ersonal Property Tax. | | X Yes | □No |
| ame and Address of New R | egistered A | gent | |
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| . Box Number is Not Accepta | ble) | | |
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| | FI | 85 Zip C | ode |
| ubmits this statement for the p d of directors. I hereby accep | purpose of ch t the appoint | nanging its ment as reg | registered gistered |
| tating) ; | DATE | | |
| DITIONS/CHANGES TO OFF | | DIRECTO | RS IN 12 |
| | 15.5/10 / 412 | ☐ Change | ☐ Addition |
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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

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

WOVE TRUSTETTATION

CR2E034 (11/98)