FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mar 26 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V65332 (1)WAVEFRONT SYSTEMS, INC. Principal Place of Business Mailing Address 2901_W-BUSCH-SLVD. 2901-W. BUSCH BLVD. SUITE 1010 SUITE 1010 DO NOT WRITE IN THIS SPACE TAMPA-FL-83610 **TAMPA FL 33618** 3. Date Incorporated or Qualified 09/21/1992 2. Principal Place of Business 2a. Mailing Address Applied For 8417 RIDGEBROOK CIR. PO BOX 272329 59-3142245 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing FL F۷ Odessa Tanpa Trust Fund Contribution Added to Fees 23 Country Country 8. This corporation owes or has paid the current year Intangible ^ጀያ 3 ፓ ና W5A 33688 USA Personal Property Tax due June 30. 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EDWARDS, DAVID F. 2901-W: BUSCH BLVD. 82 Signet Address (P.O. Box Number is Not Acceptable) **SUITE-1010** 83 **TAMPA FL-93618** 84 City 85 35°5°5 56 DD6550 11. Pursuant to the provisions of Soctions 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 far fine with, and a cept the obligations of, Soction 607.0505, Florida Statutes. 3/19/198 David F. EDWANDS SIGNATURE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 DELETE ☐ Change **CPST** 1.1 TITLE TITLE EDWARDS, DAVID 1.2 NAME NAME 2819 CEDARIDGE DR STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE 3.2 NAME 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 DELETE ☐ Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 61 TITLE Change TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 this correction or the receiver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if paragod, or on an autochment with an address.

SIGNATURE:

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