

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

95 MAY -1 AM 4:25

DOCUMENT # **L99172**

(3)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ELHAN, INC.

Principal Place of Business: 1710 WALTON RD, BLUE BELL PA 19422 US
Mailing Address: 1710 WALTON RD, BLUE BELL PA 19422 US

2. Principal Place of Business: 21 1720 Walton Rd., State: PA City: State: 22 City & State: 23
2a. Mailing Address: 26 1720 Walton Rd., State: PA City: State: 27 City & State: 28
24 25 29 30

3. Date of Incorporation: 09/12/1990 3a. Date of Last Report: 05/01/1994
4. FET Number: 65-0220365 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. 199.02 Florida Statute: Yes No

9. Name and Address of Current Registered Agent
MATHISON, STEPHEN S
5605 PGA BLVD. STE 211
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 199.01 and 199.02, 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 199.02, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN:	
1. TITLE	PST	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	HANSEN, E. F. JR	2. NAME	
3. STREET ADDRESS	1710 WALTON ROAD	3. STREET ADDRESS	1720 Walton Rd.
4. CITY, STATE	BLUE BELL PA	4. CITY, STATE	
5. TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	
8. CITY, STATE		8. CITY, STATE	
9. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, STATE		12. CITY, STATE	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, STATE		16. CITY, STATE	
17. TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, STATE		20. CITY, STATE	

14. I, the undersigned, certify that the information supplied in this filing is accurate, complete and does not qualify for the exemption stated in Section 199.02, Florida Statutes. I further certify that the information submitted on this report is a true and accurate report as 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 199, Florida Statutes, and that my name appears in Block 17 of Block 13. I am not a registered agent or a registered agent's representative.

SIGNATURE: *E.F. Hansen, Jr.*
E.F. Hansen, Jr.

4-28-95 (610)832-1500

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CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **L99376** (0)
1. Corporation Name
NEW WAVE TECHNOLOGY, INC.

Principal Place of Business: **14255 U.S. HIGHWAY ONE, SUITE 240 JUNO BEACH FL 33408-1420**
Mailing Address: **14255 U.S. HIGHWAY ONE, SUITE 240 JUNO BEACH FL 33408-1420**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
3. Date incorporated or created: **09/10/1990**
3a. Date of Last Report: **10/20/1994**
4. FEI Number: **65-0217060**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing/Trust Fund Contribution: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032 Florida Statutes: Yes No

APPROVED AND FILED
MAY 1 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. Name and Address of Current Registered Agent
**SPITZ, JOSEPH G CPA
14255 US HIGHWAY ONE, SUITE 240
JUNO BEACH FL 33408**

10. Name and Address of New Registered Agent
B1 Name:
B2 Street Address (P.O. Box Number is Not Acceptable):
B3:
B4 City: **FL** B5 Zip Code:

11. Pursuant to the provisions of Sections 607.01, 607.02, and 607.0328, 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 Sections 607.01, 607.02, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	GLEN, ROBERT D.
STREET ADDRESS	693 PILGRIM FORD COURT
CITY, ST, ZIP	CLEMMONS NC 27012
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL INFORMATION TO OFFICERS AND DIRECTORS

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(c) Florida Statutes. I further certify that the information related on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the owner or holder (or joint owner) of the corporation to make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE: *Robert D. Glen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert D. Glen

4-28-95 (910) 712-0426