


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

FILED
May 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **PT9197**
 1. Corporation Name **WAXS, INC**

World Access, Inc. AKA Restor Industries, Inc.

Principal Place of Business Mailing Address

2900 TITAN ROW - SUITE 142 ORLANDO, FL 32809 **415 E. PACES FERRY ROAD SUITE 2240 ATLANTA, GA 30326**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **May 10, 1988**

4. FEI Number **105-0044209** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

William H. CAUTHEN
CAUTHEN + FELDMAN, PA
815 NORTH JOANIA AVE
TAVARES, FL 32778

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 607.05(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE **William H. Cauthen** DATE **4/30/98**

12. OFFICERS AND DIRECTORS

TITLE	C/D	<input type="checkbox"/> DELETE
NAME	ODOM, STEVEN A	
STREET ADDRESS	945 E PACES FERRY RD STE 2240	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	JACK, STEPHEN R.	<input type="checkbox"/> DELETE
NAME	7345 CRAIG LEITH DR.	
STREET ADDRESS	DUCOTH, GA 30136	
CITY-ST-ZIP		
TITLE	P/D	<input type="checkbox"/> DELETE
NAME	WEST, HENSLEY E	
STREET ADDRESS	945 E PACES FERRY RD STE 2240	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	V/C/D	<input type="checkbox"/> DELETE
NAME	GERGEL, MARK A	
STREET ADDRESS	945 E PACES FERRY RD STE 2240	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	V/S	<input type="checkbox"/> DELETE
NAME	KIDDER, MARTIN D	
STREET ADDRESS	4501 VINELAND ROAD	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	R/D	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, REYNALDO	
STREET ADDRESS	4501 VINELAND ROAD	
CITY-ST-ZIP	ORLANDO, FL 32811	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MADDIGAN, SCOTT N.
1.3 STREET ADDRESS	945 E. PACES FERRY ROAD, SUITE 2240
1.4 CITY-ST-ZIP	ATLANTA, GA 30326
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RIVERS, PETER
2.3 STREET ADDRESS	945 E. PACES FERRY ROAD, SUITE 2240
2.4 CITY-ST-ZIP	ATLANTA, GA 30326
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	OSBORNE, KENT
3.3 STREET ADDRESS	945 E. PACES FERRY ROAD
3.4 CITY-ST-ZIP	ATLANTA, GA 30326
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	800002541878
6.3 STREET ADDRESS	-06/01/98--01032--012
6.4 CITY-ST-ZIP	***150.00

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.

SIGNATURE **William H. Cauthen** DATE **4/30/98**

CR2E034 (10/97)