

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # P93000031874 (9)

1. Corporation Name:

**PRO-WAX, INC.**

Principal Place of Business:

8084 W. MCNAB RD.  
BOX 180  
NORTH LAUDERDALE FL 33068

Mailing Address:

8084 W. MCNAB RD.  
BOX 180  
NORTH LAUDERDALE FL 33068

C-1117-1 M.R.25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**04/29/1993**      **05/01/1994**

4. FEI Number      Applied For  
**16-8283869**      Not Applicable

5. Certificate of Status Desired       \$6.75 Additional  
Fee Required

6. Election Campaign Financing       \$5.00 May Be  
TruFund Contribution       Added to Fees

7. This corporation has liability for intangible tax under § 190.039,  
Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

DRESSEL, LARRY  
8084 W. MCNAB RD.  
BOX 180  
NORTH LAUDERDALE FL

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 the 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, thereby accepting the appointment as registered agent, I am further, with, and am opt the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Officer	Name Street Address City, St., Zip	1.1 NAME 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer	Name Street Address City, St., Zip	2.1 NAME 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer	Name Street Address City, St., Zip	3.1 NAME 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer	Name Street Address City, St., Zip	4.1 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer	Name Street Address City, St., Zip	5.1 NAME 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer	Name Street Address City, St., Zip	6.1 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare, under penalty of perjury, that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in the law (F.S. 119.066), Florida Statute. 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 and made under oath. I also state no officer or director of the corporation or the owner of bonded employees to whom this report is prepared by Chapter 607, Florida Statutes, and that my name appears on Block 13 or Block 14, if required, on an attachment with an addition.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95 305-780-0319

Sub

Date

0710871 CP