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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P94000071990 (3)

WAXTREE, INC.

3092 ALOMA AVENUE. SUITE 206	3092 ALOMA AVENUE. SUITE 205	
Principal Place of Business	Mailing Address	



WINTER PA	ARK FL 32792	WINTER PARK FL 3279	2				
		¥			3. Date Incorporated or Qualified 09/30/1994	3a. Date of Last 05/18	•
2. Principal Pla 21 3095	ace of Business 2 Albana Auer	2a. Mailing Address	~ (i	Ave	4. FEI Number 59-2409183		Applied For
Suite, Apt	#, etc.	Suite, Apt. #, etc) 1 11 C	1100			Not Applicable 75 Additional
22 7	310	27 # 210			5. Certificate of Status Desired	1.1	e Required
23 Wint	er rare it.	28 Winter Par	K.F	1,	Election Campaign Financing Trust Fund Contribution	LJ Ad	.00 May Be ded to Fees
24 337	92 25 Ocarar	33792		ange.	8. This corporation has liability for in Florida Statutes	ntangible tax under	s 199.032,
	9. Name and Address of Current I			WIDC	10. Name and Address of New Re		
			81	Name			
AMERILAWYER				82 Street Address (P.O. Box Number is Not Acceptable)			
343 ALMERIA AVENUE CORAL GABLES FL 33134			83	' '			
			84	1		- FI "	Zip Code
11. Pursuant to or registere	o the provisions of Sections 607.0502 are ed agent, or both, in the State of Florida. h, and accept the obligations of, Section	nd 607.1508, Florida Statutes, Such change was authorized I	the above-i by the corp	named corpora oration's board	ation submits this statement for the purp d of directors. I hereby accept the appoi	ose of changing it intment as register	s registered office ed agent. I am
SIGNATURE	in, and accept the conganous or, section	rour.coop, Fiorida Statutes.					
	Signature, typed or printed name of registered agent and			it a griature required		DATE	
12.	OFFICERS AND D	DIFFECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC		
NAME	PONDER, VIRGINIA C	בין סבנגונ	1. 1 TITLE 1.2 NAME			☐ Chang	e
STREET ADDRESS	3092 ALOMA AVE, STE 205		1.3 STREET	ADDRESS			,
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY - S				
TITLE		DELETE	2. 1 TILLE			Chang	e 🔲 Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-2IP		ED DELLIY	24 CITY - S	1 - ZIP			
TITLE NAME		[] DELETE	DELETE 3 1 TIFLE			Chang	e 🔲 Addition
STREET ADDRESS			3.2 NAME 3.3 STREET	LADDRECC			
CITY-ST-ZIP			3.3 STHEET				
TITLE		☐ DELETE	4 1 TITLE	11-21-		☐ Chang	Addition
NAME			4 2 NAME				
STREET ADDRESS			4 3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-7,P			
TITLE		DELETE	5. 1 TITLE			☐ Chang	Addition
NAME			5 2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP		FI PRICE	5.4 CITY - S	1 - ZIF			
TITLE		DELETE	6 1 TITLE			☐ Change	Addition
NAME PIREL ADDOCCO			6.2 NAME	Inches			
STREE1 ADDRESS CITY-ST-ZIP			6.3 STREET				
	certify that the information supplied with	n this filing is voluntarily furnishe	64 CHY-S		r the exemption stated in Section 119.0	7/31/k) Florida Stal	utae 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:

ATURE AND PREODO PHINTED NAME OF SIGNING OFFICER ON DIRECTOR

4/8/96 407-359-120