PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000071878

1. Corporation Name

FILED Mar 25, 1999 8:00 am Secretary of State 03-25-1999 90016 011 ***150.00

WAX FAI	nnell, inc.			•						
Principal Place	e of Business	Mailing Address				f 18411481 18 181	81 18111 MAIN 9 2			1889: 1811 1881
2017 HILLWOOL	D DRIVE	2017 HILLWOOD DRIVE								
CLEARWATER I		CLEARWATER FL 33763				_	O NOT WRI	re in This	SDACE	
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		•				8/18/1998	Dr Canameo			
		Name of the second				El Number				optied For
2. Principal P	lace of Business	2a. Mailing Address	או פים	CP1		a - 35	2742	2-72	- 	ot Applicable
	OLD RAPIOS RD	26 301 OLD /2 Suite, Apt. #, etc.	271 10	3 19	/ 	<u>-, 35</u>	211 2	-		Additional
Sulte, Apt.	#, etc.	⊢			5. C	ertificate of Statu	s Desired			equired
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	INGTON SC.	28 LEXINGTON	90	-		rust Fund Contri				to Fees
Zio CEXI	Country	Zip 7/10/03/07/0	Countr	v	8 7	his corporation of	wes the curr	ent year Int	angible	
24 2907	2 25 USA	——————————————————————————————————————	30 U	5A		ersonal Property			Yes	□No
M 0701	9. Name and Address of Curre				10. N	iame and Addre	ss of New I	legistered	Agent	
			81	1 Name						
	sman, alan s eso.		82	Strant	Aristrans (D.C). Box Number is	Not Accents	ble)		
	COURT STREET		*1	30001/	municas (r.e					
	E 102		83	3				_		
CLEA	ARWATER FL 33756		84	4 04					185 Zip	Code
] -	1				FL	. 1 1 1	
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig	502 and 607.1508, Florida Statute	s, the above	ve-named	corporation t	submits this state	ment for the	purpose of	changing it	s registered egistered
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office or r	im familiar with, and accept the oblig	gations of, Section 607 0505, Flori	da Statute	S.						
	im familiar with, and accept the oblig						~ .			
office or r agent. I a SIGNATURE	Stgnature, typed or printed name of registered at	gent and stie if applicable. (NOTE: F	Registered Age		required when revo	stating)		DATE		
	Signature, typed or printed name of registered at OFFICERS A	gent and site if applicable. (NOTE: F	Registered Age 13.	ent signature re	AL			DATE	D DIRECT	ORS IN 12
SIGNÁTURE	Signature, typed or printed name of registered at OFFICERS A	gent and stie if applicable. (NOTE: F	13.	ent signature re	AE	stating) DDITIONS/CHAN	GES TO OF	DATE		
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qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informall rand accurate and that my signature shall have the same legal effect as if made under cash; that I am an ered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: