

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 # S73392 (0)

1. Corporation Name

ATLANTIC WAXING SUPPLIES, INC.



Principal Place of Business

~~4961 SW 11TH CIRCLE~~  
~~MARGATE FL 33068-4056~~

Mailing Address

~~P.O. BOX 8516~~  
~~FT. LAUDERDALE FL 33310~~  
US

3. Date Incorporated or Qualified  
08/14/1991

3a. Date of Last Report  
05/23/1995

2. Principal Place of Business

2a. Mailing Address

21 2061 SW 70th Avenue

26 P.O. Box 82 2697

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 F-116

27

23 Davie FL

28 South Florida, FL

24 33317

25 Broward

29 33082

30 Broward

g. Name and Address of Current Registered Agent

FREIHALD, CLIFFORD E.  
4061 SW 11TH CIRCLE  
MARGATE FL 33068-4056

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

16012 Opal Creek Drive

83

84 City

Ft Lauderdale

FL

85 Zip Code

33331

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Clifford E. Freiwald

[Signature]

DPT

6/17/96

Signature typed or printed name of registered agent and block 11, if applicable

Signature typed or printed name of registered agent and block 11, if applicable

Date

12. OFFICERS AND DIRECTORS

TITLE DPT  
NAME FREIHALD, CLIFFORD E.  
STREET ADDRESS 4961 SW 11TH CIRCLE  
CITY-ST-ZIP MARGATE FL

☐ DELETE

TITLE DVS  
NAME FREIHALD, NANCY H.  
STREET ADDRESS 4961 SW 11TH CIRCLE  
CITY-ST-ZIP MARGATE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
16012 Opal Creek Drive  
Ft Lauderdale FL 33331

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
16012 Opal Creek Drive  
Ft Lauderdale, FL 33331

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

[Signature]

Clifford E. Freiwald

6/17/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)