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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J10177

(0)

SHINY CAR \$9.95 HAND WAX, INC.

FILED									
Apr 20 1998 8:00am									
Secretary of State									

4.14.98 BR 292.0971

•	•								
Principal Place of Business Mailing Address							A D I W D I B D		8 († 8 (8 () 18 9 (
9880 SEMINOLE BLVD #C SEMINOLE FL 33772-2525 US		9660 SEMINOLE BLVD SUITE C			DO NOT WRITE IN THIS SPACE				
			SEMINOLE FL 84642 33772-2535 US		W 4.	3. Date Incorporated or Qualified			
		50				04/18/1986			
2. Principal F	Place of Business	2a. Mailing Address		_		4. FEI Number		A	Applied For
21		26				59-2674961		l l	lot Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	П		Additional	
22		27			5. Certificate of otalos desired		Fee F	beriupef	
City & State		City & State			6. Election Campaign Financing			May Be	
Zip Country			Zip Country			Trust Fund Contribution			to Fees
		<u>}</u>	n '			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
	g. Name and Address of Curre		50,			10. Name and Address of New R			
Uk	UMSTEAD, ROGER G.								
	60 SEMINOLE BLVD. SUITE C		82	╁	Street Addr	ess (P.O. Box Number is Not Accepte	hlei		
	MINOLE FL 34642 - 3377	4 - 4545		╧		sss (r.o. pox Number is Not Acceptable)			
			83	3					
			84	+	City			85 Zip	Code
				1			FL	ناك	
11. Pursuant office or i	to the provisions of Sections 607.05 registered agent, or both, in the Stati	02 and 607.1508, Florida Sta tute c of Florida. Such change was a	es, the abov uthorized b	∕e-⊩ γγt	named corporation	oration submits this statement for the ion's board of directors. I hereby acceptants	purpose of opt the apr	i changing sointment a:	its registered s registered
agent. I a	am familiar with, and accept the obliq	gations of, Section 607.0505, Flo	rida Statute	S	,	·			•
SIGNATURE	Signature typed or presend name of registered a	uent suid tite il applicable (NOTE	- Hagistared An	1ent	t signatura require	ed when reinstating)	DATE		
12.		ND DIRECTORS	13.	,	t Bigriatoro rodor c	ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
TITLE	PTD	DELETE	1.1 TITLE 1.2 NAME					Change	Addition
NAME	UMSTEAD, ROGER G.								
STREET ADDRESS	39TH AVENUE N. #7145			1.3 STREET ADDRESS					
CITY+ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP		- ZIP				
TITLE	VSD	☐ DELETE		2 1 11TLE				☐ Change	Addition
NAME	UMSTEAD, BARBARA J.		2 2 NAME						
STREET ADDRESS	89TH AVENUE N. #7145 St. Petersburg Fl		2 3 STREET ADDRESS 2 4 CITY-ST-ZIP			•			
CITY-SY-ZIP	VD	DELETE	3.1 TITLE		-218			Change	Addition
NAME	THE STATE OF THE S		3.2 NAME						
STREET ADDRESS	7145 39TH AVE N.		3.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	ST PETE FL		3.4. CiTY-		- ZIP				
TITLE		☐ DELETE	4.1 TITLE					Change	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE						
CITY-ST-ZIP			4.4 CITY - :		- ZIP			Change	1144000
TITLE NAME		T) percie	5.1 TITLE 5.2 NAME					Change	Addition
STREET ADDRESS	1		•		nnacee				
CITY-ST-ZIP				5.3 STREET ADDRESS 5.4 CITY - ST - ZIP					
TITLE		DELETE	6.1 TITLE	<u> </u>	211			Change	Addition
NAME			6.2 NAME					-	
STREET ADDRESS	et address :		6.3 STREE	STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-						
14. I hereby of	certify that the information supplied via this annual report or suppliement	with this filing does not qualify for all annual report is true and accurate	r the exemp	ptic nat	on stated in S	Section 119.07(3)(i), Florida Statutes. re shall have the same legal effect as	I further ce	rtify that the	e information
officer or	director of the corporation or the record Block 13 if changed, or on an attraction	eiver or trustee empowered to e	xecute this	re	port as requ	ired by Chapter 607, Florida Statutes	and that r	ny name ar	ppears in
שוטייה וצ		ioninent with an address,				_			