

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 17 PM 11:20

DOCUMENT # K39183 (4)
1. Corporation Name
CAPTAIN KIDD CAR WASH, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
C/O RALPH CIOFFI, SR. 3612 BOCA CIEGA DRIVE NAPLES FL 33962		C/O RALPH CIOFFI, SR. 3612 BOCA CIEGA DRIVE NAPLES FL 33962	
2. Principal Place of Business	2a. Mailing Address		
21 4570 GOLDEN GATE PARKWAY	26 3612 BOCA CIEGA DR		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.		
23 City & State NAPLES FL 33999	28 City & State NAPLES, FL		
24 Zip 33999	25 County COLLIER	29 Zip 33962	30 County COLLIER

3. Date Incorporated or Qualified 10/17/1988	3a. Date of Last Report 02/01/1994
4. FEI Number 65-0079311	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SALVATORI, LEO J. 4501 NORTH TAMiami TRAIL SUITE 300 NAPLES FL 33940				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 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 _____ DATE _____
Signature typed or printed name of registered agent and that of corporation. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOSCHESI, LOUIS	1.2 NAME	
STREET ADDRESS	18 POND LANE	1.3 STREET ADDRESS	
CITY ST ZIP	PURCHASE NY	1.4 CITY ST ZIP	
TITLE	SDP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIOFFI, RALPH, JR.	2.2 NAME	
STREET ADDRESS	26 PETER LYNAS COURT	2.3 STREET ADDRESS	
CITY ST ZIP	TENAFLY NJ	2.4 CITY ST ZIP	
TITLE	Y	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIOFFI, RALPH SR.	3.2 NAME	
STREET ADDRESS	3612 BOCA CIEGA DRIVE	3.3 STREET ADDRESS	
CITY ST ZIP	NAPLES FL	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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 110.07(3)(a), Florida Statutes. I further certify that the information indicated on the 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 operate 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: Ralph A. Coffi, PRES **RALPH CIOFFI, PRES** Title: 1-813 774 6901 (Typed Name of Signing Officer or Director) (Typed Title)