

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



Principal Place of Business: **C/O RALPH CIOFFI, SR. 4307 GOLDEN GATE PARKWAY NAPLES FL 33995 US**  
Mailing Address: **C/O RALPH CIOFFI, SR. 3612 BOCA CIEGA DR. NAPLES FL 33962 US**

3. Date Incorporated or Qualified: **10/17/1988**  
3a. Date of Last Report: **04/17/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **65-0079311**  
Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOSCHES, LOUIS</b> <b>CHANGES</b>	1.2 NAME
STREET ADDRESS	<b>16 POND LANE</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>PURCHASE NY</b>	1.4 CITY-ST-ZIP
TITLE	<b>SDP</b> <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CIOFFI, RALPH, JR.</b>	2.2 NAME
STREET ADDRESS	<b>20 PETER LYNAS COURT</b> <b>30 CHESTNUT CT</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>TENAFLEX NJ</b> <b>ENGLEWOOD NJ 07631</b>	2.4 CITY-ST-ZIP
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CIOFFI, RALPH SR.</b>	3.2 NAME
STREET ADDRESS	<b>3612 BOCA CIEGA DRIVE</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>NAPLES FL</b>	3.4 CITY-ST-ZIP
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CIOFFI, PHYLLIS</b>	4.2 NAME
STREET ADDRESS	<b>30 CHESTNUT CT</b>	4.3 STREET ADDRESS
CITY-ST-ZIP	<b>ENGLEWOOD NJ 07631</b>	4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: **Ralph Cioffi** **RALPH CIOFFI, T.** **4-22-96** **941 774 6901**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)