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

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

(4)

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FILED Apr 10 1997 8:00am Secretary of State

1. Corporation Name CAPTAIN KIDD CAR WASH, INC. Principal Flace of Business C/O RALPH CIOFFI. SR. 4307 GOLDEN GATE PARKWAY NAPLES FL 33999 US NAPLES FL 34112-8814 US						Date Incorporated or Qualified 38. Date of Last Report			
						10/17/1988	04/	26/1996	
	Place of Business	2a. Mailing Address				4. FEI Number 65-0079311		 	oplied For
21] Suite, Ap	it #, etc	Suite Apt. #, etc.							ot Applicable Additional
22		27				5. Certificate of Status Desired			egulred
City & Sta	ale	City & State		_		6. Election Campaign Financing	<u> </u>		May Be
23 Zip	Country	28] Z _{(D}	Cour	nin	<u></u>	Trust Fund Contribution 8. This corporation has liability for	اطانحمونما		to Fees
24	25	29	30				Tes		. 199.032,
م المنظمة المن المنظمة المنظمة	9, Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re	gistered	Agent	
	LVATORI, LEO J.	***	}	81	Name				
)1 NORTH TAMIAMI TRAIL	•	ľ	82	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)	·	
	ITE 300 PLES FL 33940	٠.	3. "	83			·····		
NA	PLES FL 33940	,							
		, a n		64	City		Fl	85 Zip	Code
SIGNATURE	Stip alive, typed or purition name of registered at OFFICERS AT	ND DIRECTORS	13.		ni signature require	nd when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AN		
TITLE NAME	SDP CIOFFI, RALPH, JR.	☐ DELETE	1.1 TIT 1.2 NA					Change	Addition
STEEL LADORESS	AA ALIEATAN PE AT				ADDRESS	7			
CITY ST-ZIE	ENGLEWOOD NJ		1.4 CI						
HTLF		DELETE.	2.1 111	TL E				Change	Addition
NYWE	CIOFFI, RALPH SR.		2.2 NA			. *			
STREET ADDRESS	S 3812 BOCA CIEGA DRIVE NAPLES FL		1		ADDRESS				
CHY-S1-70P TITLE	VD	DELETE	2. 4 CI 3.1 Til		51-212		***************************************	Change	Addition
NAME	CIOFFI, PHYLIS		3.2 NA	ME	1				
STREET ADDRESS			3.3 ST	REET	address [
CITY ST-ZIP	ENGLEWOOD NJ	T or ext			SY-ZIP	· · · · · · · · · · · · · · · · · · ·	···		Addition
DLF		DELETÉ	4.1 111					Change	Addition
NAME STREET ADDRESS	s		4. 2 N		ADDRESS				
CHY-S1-ZIP			4.4 CI		· •				
THEF				51 TITLE				Change	Addition
NAME			5.2 NA	AME					
STREET ADDISESS	5				ADDRESS				
City - St - ZIP Ti ^t ue	**************************************	DELETE	5.4 CI		T-ZIP			Change	Addition
NAME		End Detect	6.2 NA					viiangc	L. ADDITOR
STREET ADDRESS	S				ADDRESS				
	" 								
CITY-ST-ZP			64 CF	1Y-8	T-Z#P				

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 man attaching with an address.

SIGNATURE

A PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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