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Apr 14, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K39183

1. Corporation Name  
CAPTAIN KIDD CAR-WASH, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
C/O RALPH CIOFFI, SR.  
4307 GOLDEN GATE PARKWAY  
NAPLES FL 33999  
US

Mailing Address  
C/O RALPH CIOFFI, SR.  
3612 BOCA CIEGA DR.  
NAPLES FL 33962  
US

CHANGE

3. Date Incorporated or Qualified  
10/17/1988

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0079311

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26. 5705 GRANDE RESERVE  
Suite, Apt. #, etc.  
27. PELICAN STRAND SUITE 2103

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

23 City & State

28. NAPLES FL

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

24 Zip Country

29. 34110 30. COLLIER

8. This corporation owes the current year Intangible Personal Property Tax.  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

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include SDP CIOFFI, RALPH, JR. and VD CIOFFI, PHYLLIS.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows 1-6.

14. I 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 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, with all other like empowered.

SIGNATURE:

Signature of Ralph R. Cioffi

Date

Daytime Phone #

4-9-99 566 7107

CR2E034 (11/98)