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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90028 002 ***150.00

DOCUMENT # V12756

MIDWAY QUICKWASH INC.

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Principal Place of Business Mailing Address						. I 1861 61964 Libit (rati lane) attie Auf alati alati atti atti		
6487 STIRLING RD 6487 STIRLING RD								
DAVIE FL 33314 DAVIE FL 33314					DO NOT W	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualit		OI AUL	
					02/10/1992			1
2 Deinainal D	lace of Business	2a. Mailing Address			4. FEI Number		Anı	olied For
⊢ :	l Sw19s7.	26 133SI SW	19 -	<u>~</u> ,	65-0311292		⊢	Applicable
21 13351 Suite, Apt.		Suite, Apt. #, etc.	, (3	<u> </u>			\$8.75 A	
<u> </u>	MAR , FL 33027	27 MIRAMAR	ELA	2077	5. Certifcate of Status Desired	d	Fee Re	
22 MIRA City & State		City & State	<u>, , </u>	, - La /	6. Election Campaign Financi	na —	\$5.00	May Be
23	BROWARD	28	RED	NARD	Trust Fund Contribution	'' ^y 🗆	Added to	, ,
Zip	Country	Zip	Countr		8. This corporation owes the	current year In	tangible	
24	25	29	30		Personal Property Tax.	·		□No
	9. Name and Address of Current				10. Name and Address of Ne	w Registered	Agent	
		·····	81	Name				
LAYA	ANNI, JUDE		82	Street Ad	dress (P.O. Box Number is Not Acco	eptable)		
13351 SW 19TH ST			-	. Oliect Ad	diess (F.O. Box Hames) is Herrical			
MIRA	NMAR FL 33027		83	3				
			84	City			85 Zip C	code
ì					,	FL	.	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	s, the abov	e-named co	rporation submits this statement for	the purpose of	changing its	registered _
l office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligate	of Florida. Such change was aut	inorizea by	tne corpora	tion's board of directors. I flereby ac	cept the appo	municin as reg	hatered
_	m lammar with, and decopt the sangar							
								I
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F	Registered Age	ent signature requ	ired when reinstating)	DATE		
12.	Signature, typed or printed name of registered agent OFFICERS ANI	D DIRECTORS	Registered Age	ent signature requ	red when reinstating) ADDITIONS/CHANGES TO			
L				ent signature requ			ND DIRECTO	RS IN 12
12.	OFFICERS AN	D DIRECTORS	13.					
12.	OFFICERS AND	D DIRECTORS	13. 1.1 TITLE 1.2 NAME					
12. TITLE NAME	OFFICERS AND D LAYANNI, JUDE	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	ET ADORESS			☐ Change	Addition
12. TITLE NAME STREET ADDRESS	D LAYANNI, JUDE 13351 SW 19TH ST	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ET ADORESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAYANNI, JUDE 13351 SW 19TH ST	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ET ADORESS ST- ZIP			☐ Change	Addition
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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:

IGNING OFFICER OR DIRECTOR

954 - 433 4405 Dayline Phone #