

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

FILED

Apr 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000071696 (5)

1. Corporation Name

TOUCHLESS LASER CAR WASH, INC.



Principal Place of Business 2140 PAGET CIRCLE C/O LAWRENCE G. SUMMERFIELD NAPLES FL 33962	Mailing Address 2140 PAGET CIRCLE C/O LAWRENCE G. SUMMERFIELD NAPLES FL 34112-4207
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3. Date Incorporated or Qualified 09/14/1995	3a. Date of Last Report 02/01/1996
4. FEI Number 65-0609838	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 type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

GARLICK, THOMAS B ESQ.  
~~HARTER, SECREST & EMERY~~  
~~800 LAUREL DRIVE, SUITE 400~~  
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) ANNIS MITCHELL & ASSOCIATES
83 8889 Pelican Bay Boulevard Suite 300
84 City Naples FL 85 Zip Code 34108

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE

*Thomas B. Garlick*

Signature of registered agent 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	D SUMMERFIELD, LAWRENCE G	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2140 PAGET CIRCLE	1.2 NAME	
STREET ADDRESS	NAPLES FL 33962	1.3 STREET ADDRESS	
CITY- ST- ZIP		1.4 CITY- ST- ZIP	
TITLE	D SUMMERFIELD, PATRICIA A	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2140 PAGET CIRCLE	2.2 NAME	
STREET ADDRESS	NAPLES FL 33962	2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	D BRINKHOFF, KEVIN P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5102 HARROGATE COURT	3.2 NAME	
STREET ADDRESS	NAPLES FL	3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	D BRINKHOFF, DARCEY L	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5102 HARROGATE COURT	4.2 NAME	
STREET ADDRESS	NAPLES FL	4.3 STREET ADDRESS	
CITY- ST- ZIP		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 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.

SIGNATURE:

*Patricia A. Summerfield (Sec/Treas.)*

3-10-97

941-775-0051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0414831

CR2E034 (9/96)