

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 APR -8 AM 9:48**

1. Name of Limited Partnership

**1a. DOCUMENT #
A28707**

NATIONAL CAR WASH, LTD.



Mailing Address

118 W. GRANT STREET
#B
ORLANDO FL 32806

Principal Office Address

118 W. GRANT STREET
#B
ORLANDO FL 32806

3. Date Formed or Registered

08/01/1989

5a. Capital Contributions as Shown on record

\$285.00

3a. Date of Last Report

06/04/1996

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

FL

6. FEI Number

59-2961083

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

1924 33rd ST NW

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Orlando FL
32839 USA

9. Name and Address of Current Registered Agent

PIERCEFIELD, DAVID S.
243 WEST PARK AVENUE
SUITE 201
WINTER PARK FL 32789

10. If changed, new Registered Agent/Office

Name Joe Pozo Jr.

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Orlando

FL

Zip Code

32839

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

4/5/97

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

P.A.P., INC.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

~~1000 SOUTH SEMORAN BL~~
New Address
1924 33 ST.

11b. City, State & Zip Code

ORLANDO FL
32839

11c. Registration/Document Number

K99292

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****156.25 ****156.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

4/5/97

Typed or Printed Name of General Partner Signing Form

Joe Pozo Jr.

Daytime Telephone Number

407-422-8141