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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000004671 (2)

SERVICE DE LAVAGE GENERAL, INC. Principal Place of Business Mailing Address % FREDERIC M. BARTHE % FREDERIC M. BARTHE 2600 N MILITARY TR., 4TH FL. 2600 N MILITARY TR., 4TH FL. DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33431 BOCA RATON FL 33431** 3. Date Incorporated or Qualified 09/25/1995 2. Principal Place of Business 2a. Mailing Address Applied For 65-0648262 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Ζıρ Country Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes ☐ No 29 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BARTHE, FREDERIC M 2600 N MILITARY TR., 4TH FL. Street Address (P.O. Box Number is Not Acceptable) 82 **BOCA RATON FL 33431** ВЗ 84 City 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. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE DELETE 1.1 TITLE Change Addition LAROCHE, RENE NAME 12 NAME 149, RUE DES MELEZES STREET ADDRESS 1.3 STREET ADDRESS QUEBEC G6T 1H8 CANADA CITY-ST-ZIP 1.4 CITY - ST - 2IP DILETE Change Addition TITLE 2.1 TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE Change Addition TITLE 32 NAME NAME STREET ADDRESS 33 STREET ADDRESS CITY - S1 - ZIP 34 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST-ZIP DELETE Change TITLE 6 1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby 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 by rue 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 certificer 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 attactiment with an address? SIGNATURE:

FILED

May 15 1998 8:00am

Secretary of State

Daytinie Phone # 0326574