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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # G32855

(0)

CARWASH WEST, INC.

| Principal | Place | O <sup>‡</sup> | Business |
|-----------|-------|----------------|----------|
|           |       |                |          |

Mailing Address

**FILED** May 06 1997 8:00am Secretary of State



| 1934 44TH AVE<br>VERO BEACH I<br>US |                                    |  |             | BOX 2259<br>D BEACH FL 32961-2 | 259                 |                      | 3. Date Incorporated or Qualified   | 3a. Date of Last I                           | Report                       |  |
|-------------------------------------|------------------------------------|--|-------------|--------------------------------|---------------------|----------------------|---|--|------------------------------|--|
|                                     |                                    |  |             |                                |                     |                      | 04/12/1983  | 05/01/1996                                   |                              |  |
| 2. Principal Pl                     | lace of Busine                     |  | 2a. M       | failing Address                | 48                  | νE                   | 4. FEI Number<br>59-2320232   | A  | pplied For<br>lot Applicable |  |
| Suite, Apt                          | # elc<br>BEXL                      |  | S<br>27     | uite, Apt. #, etc.             |                     |                      | 5. Certificate of Status Desired  | □ \$8.75                                     | Additional<br>legulred       |  |
| City & State 23                     |                                    |  | C           | City & State                   |                     |                      | Election Campaign Financing     Trust Fund Contribution     Added to Fees             |  |                              |  |
| Zιρ                                 |                                    | Country  | Z           | ıb                             | Coun                | !ry                  | B. This corporation has liability for   |  |                              |  |
| 24 32-16                            |                                    |  | . [29]      |                                | 30                  |                      |   | Yes No                                       |                              |  |
| ·····                               |                                    | nd Address of Curren   | t Register  | red Agent                      |                     |                      | 10. Name and Address of New Re  | glatered Agent                               | •                            |  |
|                                     | TTELL, PETE                        |  |             |                                | ,                   | Name A               | RUTTELL, PETER A  | ۱.   |                              |  |
|                                     | 4 44TH AVEN<br>O Beach Fl          |  |             |                                |                     | Street Add           | ress (P.O. Box Number is Not Acceptate 46 15th TUBLUS                                 | ole)   |                              |  |
|                                     |                                    |  |             |                                |                     | 13                   |   |  |                              |  |
|                                     |                                    | (0)  |             | 1500 E)                        |                     |                      | 16020 BOACH   | FL 85 Zio                                    | Code > 46 o                  |  |
| Office or re                        | egistered ager                     | ns or Sections 607.050<br>nt, or both, in the State<br>, and accept the obligi | of Florida. | Such change was a              | authorized          | by the corpora       | rporation submits this statement for the pation's board of directors. I hereby accept | ourpose of changing<br>of the appointment as | ts registered<br>registered  |  |
| SIGNATURE                           |                                    | Alt I. D.  | 5111.       | 11                             |                     |                      |   | 425/17                                       |                              |  |
|                                     | Signature, typed on                |  | acce        |                                |                     | lgent signature requ | uired when reinstating)   | DATE   |                              |  |
| 12.<br>TOLE                         | P                                  | OFFICERS AN  | DIRECTO     | DELETE                         | 13.                 |                      | ADDITIONS/CHANGES TO OFFICE   | Change                                       | RS IN 12                     |  |
| NAME                                | BEUTTELL.                          | PETER M  |             | Driete                         | 1.2 NAM             |                      | BEUTTELL DOTTON   | A.   | L.J Addition                 |  |
| STREET ADDRESS                      |                                    | AVENUE, #1   |             |                                |                     | ET ADDRESS           | 1646 25 th AVEN   | 14.<br>VU #                                  |                              |  |
| CHY-ST-ZIP                          |                                    | I, FL 00000  |             |                                |                     | -ST-ZIP              | Vero Beach, 1   | 2L. 8296                                     | b                            |  |
| TITLE                               | 47 (V.A.77177877V. 1411141.141.14) | ······································   |             | DELETE                         | 21 TITE             |                      |   | Change                                       | Addition                     |  |
| NAME                                |                                    |  |             |                                | 22 NAM              | IE                   | •   |  |                              |  |
| STREET ADDRESS                      |                                    |  |             |                                | 2.3 STR             | ET ADDRESS           |   |  |                              |  |
| Cify+S1-ZIP                         |                                    |  |             |                                | 2.4 CIT             | /-ST-ZIP             |   |  |                              |  |
| THE                                 |                                    |  |             | ☐ DELETE                       | 3.1 TITL            | E                    |   | Change                                       | Addition                     |  |
| NAMÉ                                |                                    |  |             |                                | 3.2 NAN             | IE                   | •   |  |                              |  |
| STREET ACCRESS                      |                                    |  |             |                                | 3.3 STR             | EET ADDRESS          |   |  |                              |  |
| CHY-ST-ZIP                          |                                    |  |             | Decemen                        |                     | /-ST-ZIP             |   |  |                              |  |
| 1011                                |                                    |  |             | ☐ DELETE                       | 4.1 TITL            | 1                    |   | Change                                       | Addition                     |  |
| NAME:                               |                                    |  |             |                                | 4. 2 NA             |                      |   |  | •                            |  |
| STREET AODRESS                      |                                    |  |             |                                |                     | ET ADDRESS           |   |  |                              |  |
| C-TY - ST - ZIP<br>TITLE            |                                    |  |             | DELETE                         |                     | -ST-ZiP              |   | Chopse                                       | Addition                     |  |
| NAM:                                |                                    |  |             | L) breeze                      | 5.1 TITL<br>5.2 NAN | 1                    |   | . LJ Change                                  | Addition                     |  |
| STREET ADDRESS                      |                                    |  |             |                                |                     |                      |   |  |                              |  |
| CHY-ST-ZIP                          |                                    |  |             |                                | 1                   | ET ADDRESS           |   |  |                              |  |
| TILLE                               |                                    |  |             | DELETE                         | 6.1 TITL            | -ST-ZIP              |   | Change                                       | Addition                     |  |
| NAM:                                |                                    |  |             |                                | 6.2 NAN             |                      |   | Last Orlange                                 | Nuunioii                     |  |
| STREET ADDRESS                      |                                    |  |             |                                |                     | ET ADDRESS           | :   |  |                              |  |
| City St-ZiP                         |                                    |  |             |                                |                     | -ST-ZIP              |   |  |                              |  |
|                                     | y certify that t                   | he information supplied  | d with this | filing does not quali          |                     |                      | ed in Section 119.07(3)(i), Florida Statute   | s. I further certify that                    | the                          |  |

Lam an officer of 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 chapter 6, or on an attachment with an address.

SIGNATURE:

52-564-9448