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

**PROFIT** CORPORATION ANNUAL REPORT

Principal Place of Business

2. Principal Place of Business

9660 SEMINOLE BLVD

SEMINOLE FL 04642-

SUITE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

**DOCUMENT # J10177** SHINY CAR \$9.95 HAND WAX, INC.

9660 Beminoce

UMSTEAD, ROGER G.

9660 SEMINOLE BLVD. SUITE C

SEMINOLE FL 34842 - 33772 - 2525

Mailing Address

SUITE C

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9. Name and Address of Current Registered Agent

9680 SEMINOLE BLVD

28. Mailing Address

City & State

Suite, Apt #, etc.

**SEMINOLE FL 33772-2525** 

(0)

## **FILED** Apr 29 1997 8:00am Secretary of State

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	3. Date Incorporated or Qualified 04/18/1986	3a. Date of Last Report 05/01/1996						
	4. FEI Number 59-2674961	Applied For Not Applicable						
	5. Certificate of Status Desired	S8.75 Additional Fee Required						
	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees						
ntry		Yes No						
81 Name	10. Name and Address of New Re	gistered Agent						

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

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 of corporation in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered and the purpose of Caster 607.5605. Florida State of State 607.5605.

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83 84 City

Countr

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age it. Farma minar with, this accept the obligations of, Section of Joseph Floring Statutes.								
SIGNATURE Structure, hypert or printed over eight registrated agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE								
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND D		S IN 12		
THEF	PTD	DELETE	1.1 TITLE		Change	Addition		
NAME	UMSTEAD, ROGER G.		1.2 NAME	•				
STREET ADORESS	39TH AVENUE N. #7145		1.3 STREET ADDRESS					
CITY+S1+ZIP	ST. PETERSBURG FL		1.4 City+ST-ZiP					
†:ILE	VSD	DELETE	21 TIFLE		Change	Addition		
NAME	UMSTEAD, BARBARA J.		2.2 NAME					
STREET ADDRESS	39TH AVENUE N. #7145		2.3 STREET ADDRESS					
CITY - ST - ZIP	ST. PETERSBURG FL		2.4 City-St-ZiP					
11FLE	VD	DELETE	3.1 TITLE		Change	Addition		
NAME	UMSTEAD, LORI L		3.2 NAME					
STREET ADDRESS	7145 39TH AVE N.		3 3 STREET ADDRESS			}		
CI*Y+\$1+7iP	ST PETE FL	1	3.4 CITY-ST-ZIP					
TilluE		DELETE	4.1 TITLE		Change	Addition		
NAM:			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS			ľ		
CITY - S1 - ZIP			4.4 CITY - ST - ZIP					
TITLE		DELETE	5.1 TIELE		☐ Change	Addition		
NAMI:			5.2 NAME			]		
STREET ADDRESS			5.3 STREET ADDRESS					
CITY - S1 - 7(P			5.4 CITY - ST - ZIP					
THE		DELETE	6.1 TITLE		☐ Change	Addition		
NAME		, 20 and a	6.2 NAME			[		
STREET ADDRESS	4		6.3 STREET ADDRESS					
CITY-ST-74P			64 CITY-ST-ZIP					

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

Zip Code

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