

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J27442 (9)
1. Corporation Name
CAR BATH, INC.



Principal Place of Business
**8966 BELVEDERE ROAD
P.O. BOX 16367
WEST PALM BCH. FL 33416**

Mailing Address
**PO BOX 210008
ROYAL PALM BEACH FL 33421-0008
US**

3. Date Incorporated or Qualified **07/30/1986** 3a. Date of Last Report **02/14/1995**

2. Principal Place of Business 21 P.O. BOX 210008 Suite, Apt. #, etc. 22 City & State 23 ROYAL PALM BEACH, FL Zip 24 33421 Country 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		4. FEI Number 59-2738865 Applied For Not Applicable	
		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent

**CURRY, G R
8966 BELVEDERE RD
W PALM BCH FL 33411**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
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.

SIGNATURE

Signature of person who is authorized to sign on behalf of corporation

Signature of Registered Agent (Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	CIOFFI, JAMES A.		1.2 NAME		
STREET ADDRESS	250 TEQUESTA DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	CONKLIN, FRANK		2.2 NAME		
STREET ADDRESS	250 TEQUESTA DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

407-793-2477

Each

Daytime Phone

CR2E034 (12/95)