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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J27442

(9)

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

CAR BATH, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Princip POB

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22

23

DO NOT WRITE IN THIS SPACE

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Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

07/30/1986

59-2738865

5. Certificate of Status Desired

6, Election Campaign Financing

Trust Fund Contribution

4. FEI Number

FILED

Mar 16 1998 8:00am

Secretary of State

Principal Place of Business P O BOX 210008 ROYAL PALM BEACH FL 33421	Mailing Address PO BOX 210006 ROYAL PALM BEACH FL 33421-0006	r jamilid Bita trati tabit aratt åtlig tilat atlatt Billit arbit åtlitt Bteit Steit (68)

Zio Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yes □ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CURRY, G R 8966 BELVEDERE RD 82 Street Address (P.O. Box Number is Not Acceptable) W PALM BCH FL 33411 83 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE CIOFFI, JAMES A. NAME 1.2 NAME 250 TEQUESTA DRIVE STREET ADDRESS 1.3 STREET ADDRESS **TEQUESTA FL** CITY ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE CONKLIN, FRANK 2.2 NAME NAME 250 TEQUESTA DRIVE STREET ADDRESS 23 STREET ADDRESS **TEQUESTA FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETÉ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby 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 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.