

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 JUL 18 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J74525 (3)
1. Corporation Name
CHOO CHOO CAR WASH, INC.

Principal Place of Business Mailing Address
2418 FRENCH AVENUE 2418 FRENCH AVENUE
SANFORD FL 32771 SANFORD FL 32771

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/27/1987		01/26/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-2810212		Not Applicable	
24 Country		29 Country		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 owes or has paid the current year intangible Personal Property Tax due June 30.		Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THOMAS, BRYAN M. 401 SOUTH ROSALIND STREET SUITE 100 ORLANDO FL 32801				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETE		1.1 TITLE	Change Addition		
NAME	SAVARD, L. BASIL			1.2 NAME			
STREET ADDRESS	1424 SHADWELL CIRCLE			1.3 STREET ADDRESS			
CITY-ST-ZIP	HEATHROW, FL 32746			1.4 CITY-ST-ZIP			
TITLE	VD	DELETE		2.1 TITLE	Change Addition		
NAME	SAVARD, ROSALIND E.			2.2 NAME			
STREET ADDRESS	1424 SHADWELL CIRCLE			2.3 STREET ADDRESS			
CITY-ST-ZIP	HEATHROW, FL 32746			2.4 CITY-ST-ZIP			
TITLE	SD	DELETE		3.1 TITLE	Change Addition		
NAME	STERCHI, JAMES R., JR.			3.2 NAME			
STREET ADDRESS	2008 HIBISCUS CT			3.3 STREET ADDRESS			
CITY-ST-ZIP	SANFORD FL			3.4 CITY-ST-ZIP			
TITLE	TD	DELETE		4.1 TITLE	Change Addition		
NAME	SAVARD, LOUIS B., JR.			4.2 NAME			
STREET ADDRESS	111 ESTATE CIRCLE			4.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE MARY FL			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 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.

SIGNATURE _____ 7/14/97 447-322-6284

CR2E034 (4/97)



Original destroyed

10/7/22/97