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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	IAL REPORT		Secretary of State . DIVISION OF CORPORATIONS			Secretary of State			
DOCUN 1. Corporation	MENT # K50993	(0)							
CARWAS	SH PARTNERS, INC.						ı 61611 BIZNI BIÇ	ni <b>Alen Sis</b> n	naut /
Principal Place of Business Mailing Address  2727 ULMERTON RD. #2E C/O CPA FINANCIAL SE							1011 07017 070		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
CLEARWATER US	· · · · · · · · · · · · · · · · · · ·	2727 ULMERTON RD., 2E CLEARWATER FL 34622-2284							
		US				3. Date Incorporated or Qualified		of Last Re 1/1996	port
2. Principal Pl	ace of Business	2a. Mailing Address				12/06/1988 4. FEI Number	1 00/0		plied For
Suite, Apt 4	B. esta	Suite, Apt. #, etc.				59-2908610		\$8.75 A	t Applicable
22	#, <b>C</b> (C).	27				5. Certificate of Status Desired		Fee Re	E
City & State	;	City & State				6. Election Campaign Financing		\$5.00	
<b>Z</b> ip	Country	Zip	Country			Trust Fund Contribution  8. This corporation has liability for	intarraible ta	Added to ax under s.	
24	24 25 29					Florida Statutes Yes No			
	9. Name and Address of Current	Registered Agent		B1	Name	10. Name and Address of New Re	gistered Ac	jent	<del></del>
ANTONEWITZ, ANTHONY 4200 CARSON ST. NE						rone (D.O. Play Mumber in Not Accepted	ola)		
ST. PETERSBURG FL 33704				82	Street Add	ress (P.O. Box Number is Not Acceptat	ж) 	****	
				83					
<u>'</u>				B4	City		FL	<b>85</b> Zip (	>ode
11. Pursuant t	o the provisions of Sections 607,0502	and 607.1508, Florida Statutes	s, the ab	ove	-named corp	poration submits this statement for the	ourpose of c	hanging its	s registered
agent Lar	egistered agent, or both, in the state of familiar with, and accept the obligat	ions of, Section 607.0505, Flori	ida Statu	ites	тпе согрога i.	tion's board of directors. I hereby acce	л ине арроп	minent as	infligible and
SIGNATURE .	Signature, type-d or printed name of registered agent	and title if applicable (NOTE	Registered	Ager	nt signature requ	ired when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	PD SELETE 1.1						L	Change	Addition
NAME	VANSON, PETER 4861 LAUREL OAK LANE, N.E.				ADDRESS				
STREET ADDRESS CITY-ST-ZIP	AT ATTEMPARADA PI				T-ZIP				
TITLE	S DELETE 2.1				1-211	<del> </del>	T	Change	Addition
NAME	ANTONEWITZ, ANTHONY			ME					]
STREET ADDRESS	4200 CARSON ST. NE			REET	ADDRESS				ŀ
CITY - ST - ZIP					ST- ZIP		<del></del>	Chanas	Addition
I-TLE Natar	DELETE 3.1				1		L	Change	Addition
NAME STREET ADDRESS			3.2 NA		ADDRESS				
CITY-ST-ZiP			3.4. CIT						
TITLE	DELETE 4.11			******			ľ	Change	Addition
NAME			4. 2 NA	ME					-
STREET ADDRESS			4.3 STR	REET	ADDRESS				
CHTY-ST-ZIP		T beirte	4.4 CIT		T - ZIP		<del></del>	Change	Addition
HITLE		DELETE	5 1 TITU				L	T CHRUBS	L. Addition
STREET ADDRESS			5 2 NAM 5 3 STR		ADDRESS				
CITY-ST ZIP			5.4 CIT		L				
1:TLE		☐ DELETE	61 TITL			THE REPORT OF THE PARTY OF THE	[	Change	Addition
NAME			62 NA	ME					
STREET ADDRESS			63 STR	REET	ADDRESS				

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 supplier entail 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 degiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted, if or an attachment with an address.

SIGNATURE:

**FILED** 

Apr 01 1997 8:00am

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