	PLEAS PLICATION FOR ISTATEMENT		- INSTRUCTIONS BEF LORIDA DEPARTMENT OF Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	STATE	FILED		
DOCUMENT # K87409 1. Corporation Name SUNSHINE WASH-LUBE AND REPAIRS, INC.					97 JAN -3 AM II: 44 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
			HO N BEACH ST RMOND BEACH FL 32174				
	addresses are incorrect in incipal Office Address, If A		incorrect information and enter correction New Mailing Office Address, If Applicab		NSTATEM	ENTY	
			ite, Apt. #, etc.		Business in Florida	05/10/1989	
•			y & State	5. FEI Nu	^{mber} 59-2843117	Applied For Not Applicable	
Zip	Country	Zi	Country		ICATE OF STATUS DESIRED (\$8.75 Additional Fee required	
7. Names			ector (Florida nonprofit corporations mu	st list at least 3 director	s)		
Titie(s) 1	2 Name of Officers and/or Directors 3		Street Addre Officer and 3 (Do NOT Use Post C	or Director	4	City / State / Zip	
PD				1410 NORTH BEACH ST.		ORMOND BEACH FL	
J					M 1	.00 *****375.00	
,	1					10-41	
	· · · · · · · · · · · · · · · · · · ·	ress of Current Regis	Name	9. Name a	and Address of New Regis		
SALERNO, CHERYL ANN 1410 NORTH BEACH ST. Street Address (P					P.O. Box Number is Not Acceptable)		
				Suite, Apt. #, Etc.			
			City			State Zip Code	
10. I, bein	_		med corporation, am familiar with and ad	cept the obligations of	Section 607.0505, F.S.		
Signature (Registered	of Agent, Chu	y ann	ERED AGENT MUST SIGN		Date 12	124/96	
11. Do De	pes this corporation of Revenue	ation pay any e under S. 19	intangible tax to the 9.032, Florida Statutes.	Yes 🗌 No		ther side for information on intangible tax.)	
this reil owed b	nstatement application, the by the corporation have be	e reason for dissolution en paid and the name	trustee empowered to execute this appl has been eliminated, the corporate nam s of individuals listed on this form do not re shall have the same legal effect as if r	e satisfies the requirem qualify for an exemption	ents of section 607.0401 o	r 617.0401, F.S., that all fees }, F.S. The information Indicated	
SIGNA		NA CHE OR PRINTED	NAME OF SIGNING OFFICER OF DIRECTOR	ERNO P	Mes. 12/2 4	904 2583150 194 Daytime Phone #	