

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K98626**

(0)

1. Corporation Name
CAR RINSE, INC.

Principal Place of Business

400 N. A.A.
#125
JUPITER FL 33477
US

Mailing Address

400 N. A.A.
#125
JUPITER FL 33477
US



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified
06/20/1989

3a. Date of Last Report
05/01/1995

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

4. FEI Number

59-2954506

Applied For
 Not Applicable

City & State

23

City & State

28

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

24

Country

25

Zip

29

Country

30

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

SPRAGUE, HILDA L.
825 W. CENTER STREET #37-C
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name **SPRAGUE HILDA L.**

82 Street Address (P.O. Box Number is Not Acceptable)
400 N. A.A. #125

83

84 City

JUPITER

85 Zip Code
FL 33477

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME SPRAGUE, MELVIN E.
STREET ADDRESS 825 W. CENTER STREET 37C
CITY-ST-ZIP JUPITER FL

1.1 TITLE **D**
1.2 NAME SPRAGUE MELVIN E.
1.3 STREET ADDRESS 400 N. A.A. #125
1.4 CITY-ST-ZIP JUPITER FL 33477

TITLE **DT**
NAME SPRAGUE, HILDA L.
STREET ADDRESS 825 W. CENTER STREET 37C
CITY-ST-ZIP JUPITER FL

2.1 TITLE **T**
2.2 NAME SPRAGUE HILDA L.
2.3 STREET ADDRESS 400 N. A.A. #125
2.4 CITY-ST-ZIP JUPITER FL 33477

TITLE **PD**
NAME SPRAGUE, JAMES W B
STREET ADDRESS 2811 BUXTON CT
CITY-ST-ZIP HARRISBURG PA

3.1 TITLE **P**
3.2 NAME SPRAGUE JAMES W B.
3.3 STREET ADDRESS 1916 BROAD ST.
3.4 CITY-ST-ZIP HARRISBURG PA 17110

TITLE **SDV**
NAME HULSER, SONDRAY
STREET ADDRESS 2200 DIGBY CT
CITY-ST-ZIP RALEIGH NC

4.1 TITLE **VP**
4.2 NAME HULSER SONDRAY
4.3 STREET ADDRESS 14 W. 14TH ST.
4.4 CITY-ST-ZIP N. BEACH HAVEN NJ. 08008

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: *Hilda L. Sprague*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

Daytime Phone #

CR2E034 (12/95)