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FILED

Jan 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L41913 (9)

1. Corporation Name  
JACARANDA GAS & WASH, INC.



Principal Place of Business  
10261 W. BROWARD BLVD.  
PLANTATION FL 33324  
US

Mailing Address  
10261 W. BROWARD BLVD  
PLANTATION FL 33324-2114  
US

3. Date Incorporated or Qualified 01/11/1990  
3a. Date of Last Report 01/25/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 65-0178830

Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COSTELLO, JAMES J., JR.  
700 NW 100TH TERRACE  
PLANTATION FL 33324

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

*[Signature]*

JAMES J. COSTELLO JR

1/19/97

Signer is typed or printed name of signing officer or director, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DV	<input type="checkbox"/> DELETE
NAME	COOK, KEVIN C.	
STREET ADDRESS	90 NW 128TH AVE	
CITY - ST - ZIP	PLANTATION FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	COSTELLO, JAMES J., JR.	
STREET ADDRESS	700 NW NW 100TH TERRACE	
CITY - ST - ZIP	PLANTATION FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	MILLER, JEREL	
STREET ADDRESS	8830 SW 15TH DRIVE	
CITY - ST - ZIP	DAVE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	COSTELLO, JAMES J., SR.	
STREET ADDRESS	6801 NW 6TH CT	
CITY - ST - ZIP	PLANTATION FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	COSTELLO, PAUL H.	
STREET ADDRESS	10261 W. BROWARD BLVD.	
CITY - ST - ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COOK, KEVIN C.	
1.3 STREET ADDRESS	13030 NW 5TH ST	
1.4 CITY - ST - ZIP	PLANTATION FL 33324	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

*[Signature]*

JAMES J. COSTELLO JR.

9544239030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/19/97

Daytime Phone #

CR2E034 (9/96)