

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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90115 042 \*\*\*150.00

030449

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L41913**

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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 01/11/1990	4. FEI Number 65-0178830	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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	DV <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, KEVIN C.	1.2 NAME
STREET ADDRESS	13030 N.W. 5TH STREET	1.3 STREET ADDRESS
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTELLO, JAMES J., JR.	2.2 NAME
STREET ADDRESS	700 NW NW 100TH TERRACE	2.3 STREET ADDRESS
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP
TITLE	DVT <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JEREL	3.2 NAME
STREET ADDRESS	9830 SW 15TH DRIVE	3.3 STREET ADDRESS
CITY-ST-ZIP	DAVIE FL	3.4 CITY-ST-ZIP
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTELLO, JAMES J., SR.	4.2 NAME
STREET ADDRESS	6801 NW 6TH CT	4.3 STREET ADDRESS
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTELLO, PAUL H.	5.2 NAME
STREET ADDRESS	10261 W. BROWARD BLVD.	5.3 STREET ADDRESS
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
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14. I 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, with all other like empowered.

SIGNATURE:  **REQUIRED** 4/27/99 954423 9030  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)