


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Jul 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L90468** (4)
1. Corporation Name
SOUTH TAMPA CAR WASH, INC.

Principal Place of Business 4902 S MANHATTAN AVE TAMPA FL 33611 US	Mailing Address 4242 GOLF CLUB LN TAMPA FL 33624 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 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/27/1990	3a. Date of Last Report 05/29/1996
		4. FEI Number 59-3031841	Applied For Not Applicable
		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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MYERS, W P 4242 GOLF CLUB LN TAMPA FL 33624		10. Name and Address of New Registered Agent 81 Name MATT SUNSKI 82 Street Address (P.O. Box Number is Not Acceptable) 94 HARBOR OAKS CIRCLE 83 84 City SAFELY HARBOR FL 85 Zip Code 334695	
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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]* **MATT SUNSKI** 7/28/97
Signature: typed or printed name of registered agent is applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYERS, W. PARKINSON	1.2 NAME	WELCH, CLAUDIA
STREET ADDRESS	4242 GOLF CLUB LANE	1.3 STREET ADDRESS	841 - 4TH AVE, NORTH
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33701
TITLE	VST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VIC - PRES, SEC, TREASURER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYERS, WADE C., III	2.2 NAME	WELCH, GILBERT
STREET ADDRESS	8801 DONNA LU DR.	2.3 STREET ADDRESS	841 - 4TH AVE, NORTH
CITY-ST-ZIP	ODESSA FL	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33701
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (4/97)