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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M95716 (0)

SPARKLE-N-SHINE CAR WASH, INC.

FILED Apr 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			Franddir in root ofter thou ribit bir didir this didir this didir this didir		
49 S. YONGE STREET 49 S. YONGE STREET					
ORMOND BEACH FL 32174		ORMOND BEACH FL 32174			
İ				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified 08/24/1988	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2904955	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	rrent year Intangible
24	25	29	30		Yes No
	Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered	Agent
	.SON, STIRLING S.	_			
55 RIVER BEACH DR. 82 Street Addr				ress (P.O. Box Number is Not Acceptable)	
ORMOND BEACH FL 32176				Winchester Koas	
83					
			84 City		85 Zip Code
			B4 City Or	mone beauty Fl	- III 351174
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 Statules.					
SIGNATURE					
Signature, typed or prefited name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D MIN COM CTIDI MIC C	L DELET e	1.1 HTLE	_	L. Change L. Addition
NAME	WILSON, STIRLING S.		1.2 NAME	M Les Valla O	
STREET ADDRESS	55 RIVER BEACH DR.		1.3 STREET ADDRESS	1 Winchester Road	22.001
CITY-ST-ZIP	ORMOND BEACH FL	Deceme	1.4 CITY - ST - ZIP	orminal bauch, the	29114
TITLE	SCHOTT, MURRY	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	220 N. ATLANTIC AVE #902		2.2 NAME	John Anderson O	N. 10
STREET ADDRESS			2.3 STREET ADDRESS		20171
CITY-ST-ZIP	DAYTONA BEACH FL	britze		ormand Beach FK	32176
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DECETE	3.4. CITY-ST-ZIP		Change I Addul
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change 14491-
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			, 5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		□ 05/575	5.4 CITY-ST-ZIP		T at a second
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. Thereby 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 pustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing or on an attachment with an address.