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FILED
May 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # **P19240** **(1)**

1. Corporation Name
LORANTES, INC.

Principal Place of Business	Mailing Address
10601-2 US HIGHWAY 441 C/O SPLISH SPLASH CAR WASH LEESBURG FL 34788 US	10601 2 US HIGHWAY 441 C/O SPLISH SPLASH CAR WASH LEESBURG FL 34788 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified: 05/13/1988	
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27	4. FEI Number: 59-2916971	☐ 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 Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title, if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	RANFONE, SAM		1.2 NAME	RANFONE, SAM	
STREET ADDRESS	441 GROPP AVE.		1.3 STREET ADDRESS	11131 LAKE DRIVE	
CITY-ST-ZIP	TRENTON NJ		1.4 CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TESTA, LORETTA		2.2 NAME		
STREET ADDRESS	9809 FAIRWAY CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TESTA, ALBERT		3.2 NAME		
STREET ADDRESS	9809 FAIRWAY CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		3.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	4.1 TITLE	VTD	☒ Change ☐ Addition
NAME	LORE, JOHN		4.2 NAME	LORE, JOHN	
STREET ADDRESS	1220-P KENNESTONE CIRCLE		4.3 STREET ADDRESS	1098 JUNIPER COURT	
CITY-ST-ZIP	MARIETTA GA		4.4 CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	SD	☐ DELETE	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	LORE, BARTHOLOMEW		5.2 NAME	LORE, BARTHOLOMEW	
STREET ADDRESS	1220-P KENNESTONE CIRCLE		5.3 STREET ADDRESS	4168 STONE CHAT COURT	
CITY-ST-ZIP	MARIETTA GA		5.4 CITY-ST-ZIP	ROSWELL, GA 30075	
TITLE	VSD	☐ DELETE	6.1 TITLE	VSD	☒ Change ☐ Addition
NAME	RANFONE, FRANK		6.2 NAME	RANFONE, FRANK	
STREET ADDRESS	1304 SHADY TERR, BOX 11		6.3 STREET ADDRESS	11244 FOUNTAIN LAKE BLVD	
CITY-ST-ZIP	LEESBURG FL		6.4 CITY-ST-ZIP	LEESBURG FL 34788	

CR2E034 (10/97)

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.

SIGNATURE _____ 5-28-98