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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUN -7 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99240

1. Corporation Name

LORANTES INC

Principal Place of Business	Mailing Address
10601-2 US HWY 441 %SPLISH SPLASH CAR WASH LEESBURG FL 34788 US	10601-2 U S HWY 441 %SPLISH SPLASH CAR WASH LEESBURG, FL 34788 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/13/88

4. FEI Number: 59-2916971 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: LORETTA TESTA
82 Street Address (P.O. Box Number is Not Acceptable): 9809 FAIRWAY CIRCLE
83 LEESBURG FL
84 City: LEESBURG FL 85 Zip Code: 34788

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: Loretta Testa V.P. LORETTA TESTA 5-29-99
Signature, typed or printed name of registered agent, and title if applicable (NOTE: No printed Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	RANFONE, SAM	
STREET ADDRESS	11131 LAKE DR	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	VD	[ ] DELETE
NAME	TESTA, LORETTA	
STREET ADDRESS	9809 FAIRWAY CR	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	VD	[ ] DELETE
NAME	TESTA, ALBERT	
STREET ADDRESS	9809 FAIRWAY CR	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	VTD	[ ] DELETE
NAME	LORE, JOHN	
STREET ADDRESS	1098 JUNIPER COURT	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	SD	[ ] DELETE
NAME	LORE, BARTHOLOMEW	
STREET ADDRESS	4168 STONECHAT COURT	
CITY-ST-ZIP	ROSEWELL, GA 30075	
TITLE	VSD	[ ] DELETE
NAME	RANFONE, FRANK	
STREET ADDRESS	11244 FOUNTAIN LAKE BLVD.	
CITY-ST-ZIP	LEESBURG, FL 34788	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change	[ ] Addition
12 NAME	800002903018--8	
13 STREET ADDRESS	-06/14/99--01015--025	
14 CITY-ST-ZIP	*****61.25 *****61.25	
21 TITLE	[ ] Change	[ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	[ ] Change	[ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	[ ] Change	[ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	[ ] Change	[ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	[ ] Change	[ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

LS

CR2E034 (11/98)

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: Loretta Testa LORETTA TESTA (352) 787-9274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone