


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

FILED

Apr 21 1998 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 <del>1997</del> 1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P92000002545  
1. Corporation Name

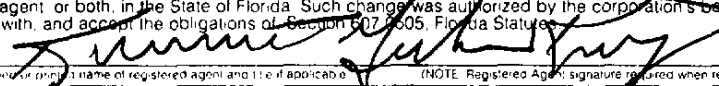
ULTRA RITE CAR WASH

|   |                 |
|---|-----------------|
| Principal Place of Business                       | Mailing Address |
| 4920 Tamiami Trail North<br>Naples, Florida 34103 | Same            |

|   |   |  |                                   |
|---|---|--|-----------------------------------|
| 2. Principal Place of Business                  | 2a. Mailing Address                         | 3. Date Incorporated or Qualified  | 3a. Date of Last Report           |
| 21 4920 Tamiami Trail N.<br>Suite, Apt # etc    | 26 4920 Tamiami Trail N<br>Suite, Apt # etc | 10-23-92   | 5-1-97                            |
| 22 City & State                                 | 27 City & State                             | 4. FEI Number  | Applied For                       |
| 23 Naples, Florida                              | 28 Naples, Florida                          | 65-0367530   | Not Applicable                    |
| 24 34103  | 25 USA                                      | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required |
| 29 34103  | 30 USA                                      | 6. Election Campaign Financing<br>Trust Fund Contribution  | \$5.00 May Be<br>Added to Fees    |
| 9. Name and Address of Current Registered Agent |   | 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |

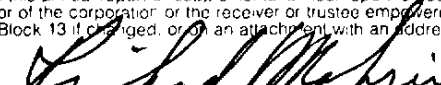
|   |  |   |  |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent             |  | 10. Name and Address of New Registered Agent                              |  |
| Kenneth Gordon King<br>720 Orchid Drive<br>Naples, FL 34102 |  | 81 Name<br>Kenneth Gordon King  |  |
|   |  | 82 Street Address (P.O. Box Number is Not Acceptable)<br>720 Orchid Drive |  |
|   |  | 83  |  |
|   |  | 84 City<br>Naples   |  |
|   |  | 85 Zip Code<br>FL 34102   |  |

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 607.1505, Florida Statutes.

SIGNATURE  DATE April 17, 1998

|                            |                        |   |  |
|----------------------------|------------------------|---|--|
| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
| TITLE                      | Dir/Pres/Sec'y         | 1.1 TITLE   |  |
| NAME                       | Richard Mohring        | 1.2 NAME  |  |
| STREET ADDRESS             | 192 S. Beach Drive     | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | Marco Island, FL 34145 | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                        | 2.1 TITLE   |  |
| NAME                       |                        | 2.2 NAME  |  |
| STREET ADDRESS             |                        | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                        | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                        | 3.1 TITLE   |  |
| NAME                       |                        | 3.2 NAME  |  |
| STREET ADDRESS             |                        | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                        | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                        | 4.1 TITLE   |  |
| NAME                       |                        | 4.2 NAME  |  |
| STREET ADDRESS             |                        | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                        | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                        | 5.1 TITLE   |  |
| NAME                       |                        | 5.2 NAME  |  |
| STREET ADDRESS             |                        | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                        | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                        | 6.1 TITLE   |  |
| 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.

SIGNATURE:  DATE April 17, 1998 (941) 263-2334

CR2E034 (9/96)