


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

FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000077594 (8)
 1. Corporation Name
PRO WASH SYSTEMS, INC.



Principal Place of Business 822 AMY ST SUITE 8 MT DORA FL 32757 US	Mailing Address PO BOX 681638 ORLANDO FL 32068
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	822 AMY ST	11/04/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27	SUITE 8	59-3215487	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28	MT DORA FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		29	32757	30 US	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRITZIUS, DAVID E 486 OGDEN AVE UMATILLA FL 32784				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRITZIUS, DAVID E			1.2 NAME			
STREET ADDRESS	486 OGDEN AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	UMATILLA FL 32784			1.4 CITY-ST-ZIP	261-90-8309		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRITZIUS, MARYBETH			2.2 NAME			
STREET ADDRESS	486 OGDEN AVE			2.3 STREET ADDRESS	263-49-7216		
CITY-ST-ZIP	UMATILLA FL 32784			2.4 CITY-ST-ZIP			
TITLE	PRO WASH SYSTEMS, INC				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	822 Amy Street #8						
STREET ADDRESS	Mt Dora, FL 32757						
CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE		4.3 STREET ADDRESS			
NAME				4.4 CITY-ST-ZIP			
STREET ADDRESS				5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP				5.2 NAME			
TITLE		<input type="checkbox"/> DELETE		5.3 STREET ADDRESS			
NAME				5.4 CITY-ST-ZIP			
STREET ADDRESS				6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP				6.2 NAME			
TITLE		<input type="checkbox"/> DELETE		6.3 STREET ADDRESS			
NAME				6.4 CITY-ST-ZIP			
STREET ADDRESS							
CITY-ST-ZIP							

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: *[Signature]* **352-383-1118**

CFR2E034 (10/97)