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PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMEN? ?STATE
Sandra B. Mor?
Secretary of St?
DIVISION OF CORPO? ?ONS

DOCUMENT # P93000088774 (3)

1. Corporation Name

SHOP & WASH AND DETAILING OF TOWN AND COUNTRY, INC.

Principal Place of Business	Mailing Address
9790 S DIXIE HWY MIAMI FL 33156	9790 S DIXIE HWY MIAMI FL 33156-2807

3. Date Incorporated or Qualified **12/29/1993**	**3a.** Date of Last Report **06/09/1996**	

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **65-0457925**	Applied For ☐ / Not Applicable ☐
21	26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22 Suite, Apt. # etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23 City & State	28 City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
24 Zip / 25 Country	29 Zip / 30 Country		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GREENBERG, CRAIG 11705 S.W. 107TH TERRACE MIAMI FL 33186	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 _____

Signature or type d or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **DP** NAME **GREENBERG, CRAIG** STREET ADDRESS **11705 SW 107TH TERRACE** CITY-ST-ZIP **MIAMI FL**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: _____ *Craig Greenberg*   4/29/97 (305)253-2787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #