F	ILE NOW: FILING FE	E AFTER MAY 1 IS	FILED		
	PROFIT FLORIDA DEPARTMENT OF STATE		Apr 28 1997 8:00am		
	CORPORATION Sandra B. Mort			Secretar	y of State
AINING	1997	Secretary of State DIVISION OF CORPORATIONS		Secretar	y of State
		0016792 (1)			
	AN AUTO WASH, INC.				
	· · · · · · · · · · · · · · · · · · ·	·	······································		
Principal Place of Business Mailing Address 5850 54TH AVE N PO BOX 17623				a addeanad and bdist broke ander Albeid Ade	, Måride Juffung mäste und filt ad elde sollte filter
KENNETH CITY FL 33709 CLEARWATER FL 34622-0623 US					
				 Date Incorporated or Qualified 02/28/1994 	3a, Date of Last Report 05/01/1996
2. Principal F 21	lace of Business	26. Mailing Address 26 P. O. Box 23	2	4. FEI Number 59-3258294	Applied For Not Applicable
Suite, Apt	H, otc.	Suite. Apt. #, etc.	<u> </u>	6, Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & State 28 Waterford,	GT	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25 9. Name and Address of Curr	29 06385-0222 rent Registered Agent		Florida Statutes	
	SENBERG, ROBERT A		81 Name		
STE 103				Iress (P.O. Box Number is Not Acceptal)le)
CLE	EARWATER FL 34619		83		
			84 City		FL 85 Zip Code
office or	to the provisions of Sections 607.C registered agent, or both, in the Sta am familiar with, and accept the ob	ate of Florida. Such change was e	uthorized by the corpore	poration submits this statement for the p tion's board of directors. I hereby acce	purpose of changing its registered of the appointment as registered
SIGNATURE		•			
12.	Stanature, typed or printed name of registered OFFICERS /	agent and tille it applicable (NOTI AND DIRECTORS	Registered Agent signature requi	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
HTLE	PVT DOREDT W	DELETE	1.1 TITLE	······································	Change Addition
NAME STREET ADDRESS	ROTH, ROBERT W. 883 MONTAUK AVE #6		1.2 NAME 1.3 STREET ADDRESS		
CHY-S1-ZIP	NEW LONDON CT		1.4 CITY-ST-ZIP		
TITLE	S	DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS	ROTH, MARY K. 883 MONTAUK AVE #6		2.2 NAME 2.3 STREET ADDRESS		
CITY - ST-ZP	NEW LONDON CT		2.4 CITY - ST-2IP		
THLE		DELETE	3.1 TITLE	d# ──_ U # ── U # ── d # ── d # ── # # # U # L d U	Change Addition
NAME			3.2 NAME		
STREET ADDRESS	}		3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·		3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		•
STREET ADDRESS	}		4.3 STREET ADDRESS		
COY-\$1-ZIP	· ····································		4.4 CITY - ST - ZIP		
TILE		DELETE.	51 TITLE		Change Addition
NAME STREET ADDR:SS	1		52 NAME 53 STREET ADDRESS		
CITY - ST-ZIP			5.4 CITY-SI-ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	6.1 TITLE	alr mag,ilana ,ilan ,alr ,ian , , , , , , , , , , , , , , , , , , ,	Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREEY ADDRESS		
CITY-\$1-ZIP 14. I do here	Leventily that the information supr	lied with this filing does not quali	6.4 CITY-ST-ZIP	d in Section 119.07(3)(i), Florida Statute	s, I further certify that the
informate	on indicated on this annual report (or supplemental annual report is t	rue and accurate and tha	at my signature shall have the same legant as required by Chapter 607, Florida	al effect as if made under oath; that
	in Block 12 or Block 13 if changed				860
SIGNAT	IURE:	KALL W. H	all hope	01/15/1997	203- 442-7795
	SIGNATURE AND TYPE	OA PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	Date	Daytime Phone #