

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CLASSIFICATION
ANNUAL REPORT
1995



OFFICE OF SECRETARY OF STATE
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**APPROVED
AND
FILED**

05 MAY 10 AM 10:35

DOCUMENT # P94000046791 (7)

ELITE AUTO CLEANING, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2. Principal Office (Mailing Address) 6230 WILEY STREET HOLLYWOOD FL 33023		2a. Mailing Address 6230 WILEY STREET HOLLYWOOD FL 33023		3. Date of Incorporation (or Reorganization) 06/20/1994		3a. Date of Last Report _____	
21. Name of Officer or Director _____		26. Mailing Address _____		4. FID Number 65-0498040		Appoint For Not Applicable	
22. Name of Officer or Director _____		27. Mailing Address _____		5. Certificate of Status (Lastest) <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State _____		28. City & State _____		6. Election Campaign Financing Trust Fund Contributor <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. _____		29. _____		7. This corporation has liability for intangible tax under S. 190.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		_____	

9. Name and Address of Current Registered Agent HEINA, TROY 6230 WILEY STREET HOLLYWOOD FL 33023				10. Name and Address of New Registered Agent			
				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 607.01(2) 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 607.01(2), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME D HEINA, TROY 2. STREET ADDRESS 6230 WILEY STREET HOLLYWOOD FL 33023		1. NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME _____		2. NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME _____		3. NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME _____		4. NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME _____		5. NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME _____		6. NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that, to the best of my knowledge, it 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 of this filing, or on an attachment with an address.

SIGNATURE: *Troy Heina* **TROY HEINA** **5/4/95** **305-966-3196**