

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000065038 (9)**

1. Corporation Name

ELITE CARWASH, INC.

Principal Place of Business

**9444 N.W. 46TH ST.
SUNRISE FL 33321**

Mailing Address

**9444 N.W. 46TH ST.
SUNRISE FL 33321**



2. Principal Place of Business		2a. Mailing Address	
21	12921 W. SUNRISE BLVD	26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	SUNRISE FL	28	
Zip	33323	Country	
24		29	
25		30	

3. Date Incorporated or Qualified 09/02/1994	3a. Date of Last Report 07/24/1995
4. FEI Number 65-0521376	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fees Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**POMERANTZ, ALLAN
5030 NW 109 AVE
SUITE M
SUNRISE FL 33351**

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 607.0502 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, typed 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	1.1 TITLE	DIRECTOR / SECRETARY / TREASURER
NAME	POMERANTZ, ALLAN	1.2 NAME	
STREET ADDRESS	9444 N.W. 46TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33321	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	VICE PRESIDENT
NAME	POMERANTZ, LINDA	2.2 NAME	
STREET ADDRESS	9444 NW 46TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	DIRECTOR / PRESIDENT
NAME		3.2 NAME	MARK PALESTINE
STREET ADDRESS		3.3 STREET ADDRESS	12150 NW 10TH STREET
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

(954) 340-8546

CR2E034 (12/95)