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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997	DIVI	DIVISION OF	
DOCUMENT #	P94000065038	(9)	

ELITE CARWASH, INC.

FILED

Jan 14 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 12921 W. SUNRISE BLVD 9444 N.W. 46TH ST. SUNRISE FL 33323 SUNRISE FL 33351-5108 US						
				3. Date Incorporated or Qualified 09/02/1994 05/01/1		f Last Report 1996
2. Principal Pl 21	ace of Business	2a. Mailing Address 26 5030 Nh	1 109 m AVE	4. FEI Number 65-0521376		Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt #, etc. 27 Suite M		5. Certificate of Status Desired		75 Additional e Required
City & State)	City & State	FL	Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Z _I p 24	Country 25	7ip 222 = 1	Country 30 USA	8. This corporation has liability for i		
	9. Name and Address of Curren			10. Name and Address of New Re	gistered Agent	
5030 SUIT	IERANTZ, ALLAN) NW 109 AVE TE M RISE FL 33351		81 Name 82 Street Addr 83 City	ess (P.O. Box Number is Not Acceptab		Zip Code
office or n agent. Lai SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obliga Signature typed or professional age OFFICERS AN	of Florida, Such change was a ations of Section 607,0505, Floridand treat applicable (NOTE	uthorized by the corporat	oration submits this statement for the pion's board of directors. I hereby accepted when reinstating) ADDITIONS/CHANGES TO OFFICE	ot the appointmen	it as registered
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD POMERANTZ, ALLAN 9444 N.W. 46TH ST. SUNRISE FL	DELETE	1.1 THLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Char	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POMERANTZ, LINDA 9444 NW 46TH ST SUNRISE FL	☐ DELETE	2 1 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP	:	Char	nge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	DP PALESTINE, MARK 12150 NW 10TH STREET CORAL SPRINGS FL	DELETÉ	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP	3,445	Char	nge Addition
THE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELE1E	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Cha	nge Addition
TITLE NAME STREET ADDRESS City-St-Zip	- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	☐ DELETE	5.1 IITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Cha	nge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	and that the information curpoles	DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - SI - ZIP	t in Section 119 07(3)(i) Florida Statute	☐ Chai	

14. I do hereby certify that the information supplied with this filling 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 3 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16/97 (954) 340 8546