


FILED

Jan 14 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000065038 (9)**

**1. Corporation Name**  
**ELITE CARWASH, INC.**

**Principal Place of Business**  
**12821 W. SUNRISE BLVD**  
**SUNRISE FL 33323**  
**US**

**Mailing Address**  
**9444 N.W. 46TH ST.**  
**SUNRISE FL 33351-5108**

**2. Principal Place of Business**  
**21** Suite, Apt #, etc.  
**22** City & State  
**23** Zip  
**24** Country

**2a. Mailing Address**  
**26** Suite, Apt #, etc.  
**27** City & State  
**28** Zip  
**29** Country

**9. Name and Address of Current Registered Agent**  
**POMERANTZ, ALLAN**  
**5030 NW 109 AVE**  
**SUITE M**  
**SUNRISE FL 33351**

**81** Name  
**82** Street Address  
**83**  
**84** City

**11.** Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or 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)

**12. OFFICERS AND DIRECTORS**

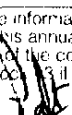
TITLE	STD	<input type="checkbox"/>	DELETE
NAME	POMERANTZ, ALLAN		
STREET ADDRESS	9444 N.W. 46TH ST.		
CITY - ST - ZIP	SUNRISE FL		
TITLE	VP	<input type="checkbox"/>	DELETE
NAME	POMERANTZ, LINDA		
STREET ADDRESS	9444 NW 46TH ST		
CITY - ST - ZIP	SUNRISE FL		
TITLE	DP	<input type="checkbox"/>	DELETE
NAME	PALESTINE, MARK		
STREET ADDRESS	12150 NW 10TH STREET		
CITY - ST - ZIP	CORAL SPRINGS FL		
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

**13.**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

**14.** I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in the information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report and that the information appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**


  
**MARK PALESTINE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



CR2E034 (9/96)