

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000002498 (0)

1. Corporation Name

PROFESSIONAL AUTO WASH ENTERPRISES, INC.

Principal Place of Business

5922 PATIO DRIVE
BOCA RATON FL 33433

Mailing Address

~~5922 PATIO DRIVE~~
~~BOCA RATON FL 33433~~

FILED
Apr 24 1997 8:00am
Secretary of State



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 1206 SUMMERWOOD LN.

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

01/09/1995

3a. Date of Last Report

04/29/1996

4. FEI Number

65-0543089

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WILLIAM L. KNIGHT, II
5922 PATIO DRIVE
BOCA RATON FL 33433

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

William L. Knight II
Signature, typed or printed name of registered agent and ID# (if applicable)

(NOTE: Registered Agent signature required when reinstating)

4/19/97

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME KNIGHT, WILLIAM L II
STREET ADDRESS 5922 PATIO DRIVE
CITY - ST - ZIP BOCA RATON FL ☐ DELETE

TITLE DVTS
NAME BLECH, DAVID E
STREET ADDRESS 3209 CANYON POINT CIR
CITY - ST - ZIP ROSWELL GA ☐ DELETE

TITLE DV
NAME WELLS, RICHARD M.
STREET ADDRESS 158 N. LAKESIDE DRIVE
CITY - ST - ZIP KENNESAW GA ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE DVTS ☒ Change ☐ Addition
2.2 NAME BLECH, DAVID R.
2.3 STREET ADDRESS 1206 SUMMERWOOD LANE
2.4 CITY - ST - ZIP ALPHARETTA, GA 30202

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
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 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 13 if changed, or on an attachment with an address.

SIGNATURE:

David R. Blech

DAVID R. BLECH V.P. 4/19/97 (770) 425 0386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/96)