

FILE NOW: FILING FEE AFTER MAY 1 IS \$590.00

FILED  
Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000005535**  
1. Corporation Name  
**Total Mobile Auto Detailing, Inc.**

Principal Place of Business Mailing Address

**1943 Fern Pl.  
S. Daytona, FL  
32119**

3. Date Incorporated or Qualified <b>5/94</b>	3a. Date of Last Report <b>1/96</b>
4. FEI Number <b>59-3308952</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Same, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29


9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Billy Howell  
1943 Fern Place  
South Daytona, FL 32119**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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 not a wife and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	<input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME		13.2 NAME	
12.3 STREET ADDRESS		13.3 STREET ADDRESS	
12.4 CITY - ST - ZIP		13.4 CITY - ST - ZIP	
12.5 TITLE	<input type="checkbox"/> DELETE	13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME		13.6 NAME	
12.7 STREET ADDRESS		13.7 STREET ADDRESS	
12.8 CITY - ST - ZIP		13.8 CITY - ST - ZIP	
12.9 TITLE	<input type="checkbox"/> DELETE	13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME		13.10 NAME	
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY - ST - ZIP		13.12 CITY - ST - ZIP	
12.13 TITLE	<input type="checkbox"/> DELETE	13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		13.14 NAME	
12.15 STREET ADDRESS		13.15 STREET ADDRESS	
12.16 CITY - ST - ZIP		13.16 CITY - ST - ZIP	
12.17 TITLE	<input type="checkbox"/> DELETE	13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME		13.18 NAME	
12.19 STREET ADDRESS		13.19 STREET ADDRESS	
12.20 CITY - ST - ZIP		13.20 CITY - ST - ZIP	
12.21 TITLE	<input type="checkbox"/> DELETE	13.21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 NAME		13.22 NAME	
12.23 STREET ADDRESS		13.23 STREET ADDRESS	
12.24 CITY - ST - ZIP		13.24 CITY - ST - ZIP	
12.25 TITLE	<input type="checkbox"/> DELETE	13.25 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.26 NAME		13.26 NAME	
12.27 STREET ADDRESS		13.27 STREET ADDRESS	
12.28 CITY - ST - ZIP		13.28 CITY - ST - ZIP	
12.29 TITLE	<input type="checkbox"/> DELETE	13.29 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.30 NAME		13.30 NAME	
12.31 STREET ADDRESS		13.31 STREET ADDRESS	
12.32 CITY - ST - ZIP		13.32 CITY - ST - ZIP	
12.33 TITLE	<input type="checkbox"/> DELETE	13.33 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.34 NAME		13.34 NAME	
12.35 STREET ADDRESS		13.35 STREET ADDRESS	
12.36 CITY - ST - ZIP		13.36 CITY - ST - ZIP	
12.37 TITLE	<input type="checkbox"/> DELETE	13.37 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.38 NAME		13.38 NAME	
12.39 STREET ADDRESS		13.39 STREET ADDRESS	
12.40 CITY - ST - ZIP		13.40 CITY - ST - ZIP	
12.41 TITLE	<input type="checkbox"/> DELETE	13.41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.42 NAME		13.42 NAME	
12.43 STREET ADDRESS		13.43 STREET ADDRESS	
12.44 CITY - ST - ZIP		13.44 CITY - ST - ZIP	
12.45 TITLE	<input type="checkbox"/> DELETE	13.45 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.46 NAME		13.46 NAME	
12.47 STREET ADDRESS		13.47 STREET ADDRESS	
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12.49 TITLE	<input type="checkbox"/> DELETE	13.49 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.50 NAME		13.50 NAME	
12.51 STREET ADDRESS		13.51 STREET ADDRESS	
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12.53 TITLE	<input type="checkbox"/> DELETE	13.53 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.54 NAME		13.54 NAME	
12.55 STREET ADDRESS		13.55 STREET ADDRESS	
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12.57 TITLE	<input type="checkbox"/> DELETE	13.57 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.58 NAME		13.58 NAME	
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12.61 TITLE	<input type="checkbox"/> DELETE	13.61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.62 NAME		13.62 NAME	
12.63 STREET ADDRESS		13.63 STREET ADDRESS	
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12.66 NAME		13.66 NAME	
12.67 STREET ADDRESS		13.67 STREET ADDRESS	
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12.73 TITLE	<input type="checkbox"/> DELETE	13.73 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.74 NAME		13.74 NAME	
12.75 STREET ADDRESS		13.75 STREET ADDRESS	
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12.95 STREET ADDRESS		13.95 STREET ADDRESS	
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12.97 TITLE	<input type="checkbox"/> DELETE	13.97 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.98 NAME		13.98 NAME	
12.99 STREET ADDRESS		13.99 STREET ADDRESS	
12.100 CITY - ST - ZIP		13.100 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 in an attachment with an address.

SIGNATURE:  DATE: **4-29-97** DAYTIME PHONE #:

CR2E034 (9/96)