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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

POCUMENT # P95000019653 (1)

BAY WASH OF PALM BAY, INC.

Principal Place of Business Mailing Address 781 OAK PARK DR 4640 BABCOCK ST NE MELBOURNE FL 32940-1859 PALM BAY FL 32905 UŜ 3. Date incorporated or Qualified 3a. Date of Last Report 03/12/1996 03/08/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0568638 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No Zιο Country 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FAULISI, RONALD M 781 OAK PARK DR 82 Street Address (P.O. Box Number is Not Acceptable) MELBOURNE FL 32940 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 637.0502 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. Lam 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 11 7111 6 TITLE FAULISI, RONALD M 1.2 NAME NAME 781 OAK PARK DR 1.3 STREET ADDRESS STREET ADDRESS **MELBOURNE FL 32940** CITY-SI-ZIF 1.4 DITY - ST-ZIP DELETE Change Addition 21 TITLE TiTLE RUSSO, ANDREW J 22 NAME 788 OAK PARK DR 23 STREET ADDRESS STREET ADDRESS **MELBOURNE FL 32940** CHTY+S1-ZIP 2 4 CITY - ST - 2IP DELETE Change Addition 31 TITLE THE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TIT.E 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - 7IP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Channe Addition TITLE NAME **5.2 NAME** 5.3 STREET ADDRESS STRUET ADDRESS 5.4 CITY-ST-ZIP CiTY - S1 - ZIP Change DELETE 6.1 TITLE Addition

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-S*-ZIP

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

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 efficiency 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

FILED

Jan 29 1997 8:00am

Secretary of State