SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

AIN	1997	ORI		Secret DIVISION OF	tary of Stat CORPOR		SMS	Secreta	iry of S	tate
DOCUMENT # P95000071860 (7) 1. Corporation Name BLAISE AUTO DETAIL, INC.)	(() 461)) 1824/189/189/18/06 8	1111 61 11 1 68 1	
D: -115	to the			A state					JI is in isic jisi isis i	
Principal Place of Business 655 GLADIOLA				Mailing Address						
MERRITT ISLAND FL 32952				655 GLADIOLA MERRITT ISLAND FL 32862						
	-							DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified	3a. Date of Last F	
2, Principa	al Place of Busi	ness	2a. M	2a. Mailing Address				09/15/1995 4. FEI Number	11/04/1996	pplied For
21				26				59-3338816	<u>}</u>	ot Applicable
Sulte, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22				27				5. Definicate of status pesifed	Fee R	equired
City & S 23	State		├	City & State				Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip		Country Zip				intry		8. This corporation owes or has pa		
24		30			Personal Property Tax due June 30. X Yes No					
		and Address of C	Current Register	ed Agent		81	Name	10. Name and Address of New Re	gistered Agent	
	Chaplow, B 555 Gladiol						ivame			
MERRITI ISLAND FL 32952						82	Street Add	dress (P.O. Box Number is Not Acceptab	le)	
MENNIT ISEAND IE S2832						83				
						04	-		10-10-5	
						84	City		FL 85 Zip	Code
l		sions of Sections 60 gent, or both, in the lith, and accept the	07.0502 and 607. State of Florida. obligations of, S.	1508, Florida Statu Such change was action 607.0505, F	utes, the at authorize lorida Stat	bove d by lutes	e-named cor the corpora	rporation submits this statement for the patient's board of directors. I hereby acceptions	urpose of changing in the appointment as	its registered registered
SIGNATURE Signature, typed or printed name of registered agent and little if appticable (NOTE Registered Agent signature require								uired when reinstating)	DATE	
12.		OFFICER	RS AND DIRECTO		13.			ADDITIONS/CHANGES TO OFFIC		
TITLE	CHADIA	OW, BLAISE		☐ DELETE	1.170		}		∐ Change	Addition
NAME	422 (0)	AND BCH BLVD			1.2 N/					
STREET ADDRES		T ISLAND FL 329	352				ADDRESS 1-Zip		•	
TITLE				DELETE	2.1 7/		1-245		☐ Change	Addition
NAME]				2.2 N/		}		_ •	_
STREET ADDRES	ss				2.3 \$1	reet.	ADDRESS			
CITY-ST-ZIP	 						T-ZiP			
TITLE				DELETE	3.1 Ti				☐ Change	☐ Addition
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STREET ADDRES CITY-ST-ZIP	00					REET. ITY-S	ADDRESS T-ZIP			ţ
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CITY-ST-ZIP			·	☐ DELETE	5.4 CI 6.1 TII		-211		Change	Addition
NAME					6.2 NA		1			
STREET ADDRES	ss						ADDRESS			Ì
CITY-ST-ZIP	i				6.4 Cf		1			

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.

CICMATHDE.

SIGNATURE REQUIRED

FILED

Aug 19 1997 8:00am