Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



DOCUMENT # **P95000072816**1. Corporation Name

SUPER SHINE AND DETAILING OF WATERFORD, INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90217 009 ***150.00

|--|

5200 BLUE LAGOON DR MIAMI FL 33126		13501 SW 137 AVE MIAMI FL 33186			DO NOT WRITE IN THIS	S SPACE	
					 Date Incorporated or Qualified 09/20/1995 		
2. Principal Pl	2a. Mailing Address			4. FEI Number		Applied For	
21		26			65-0615323		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_		5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip 24	Country Zip Co 25 29 30			try	 This corporation owes the current year in Personal Property Tax. 	Yes	□No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered	Agent	
COLL	DOTEIN DAN		1	Name			1
241	DSTEIN, DAN SEVILLA AVE				ddress (P.O. Box Number is Not Acceptable)		
	E 805 AL CARLES EL 22124		1	33			
	AL GABLES FL 33134			34 City	FI porporation submits this statement for the purpose of	L	p Code
SIGNATURE	n familiar with, and accept the oblig				quired when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	TORS IN 12
TITLE	PTD	DELETE	1,1 TITL	E		Chang	e 🔲 Addition
NAME	GREENBERG, CRAIG		1.2 NAM	E			
STREET ADDRESS	13501 SW 137 AVE		1.3 STR	EET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33186		1.4 C/F3	-ST-ZIP			
TITLE	☐ DELETE 2.1 π		2.1 TITL	E		Change	e 📋 Addition
NAME			2.2 NAN	E			
STREET ADDRESS			2.3 STR	EET ADDRESS			
CITY-ST-ZIP			2, 4 CIT	(-ST-ZIP			
TITLE		☐ DELETE	3.1 TITL	E		Chang	e
NAME			3.2 NAM	E			
STREET ADDRESS			33 STR	EET ADDRESS			
CITY-ST-ZIP				(-ST-ZIP			- Fil Addition
TITLE		☐ DELETE	4,1 TITL			[] Chang	e 🗌 Addition
NAME			4. 2 NA				
STREET ADDRESS			1	EET ADDRESS			,
CITY-ST-ZIP		FIRCHETT		-ST-ZIP		Chang	e
TITLE		☐ DELETE	5.1 TITL 5.2 NAM	1		C Chang	
NAME				EET ADDRESS			ı
STREET ADDRESS							
CITY-ST-ZIP		☐ DELETE	5.4 CITY 6.1 TITL	'-ST-ZIP		☐ Chang	e
TITLE			6.2 NAM	-		chang	
NAME				EET ADDRESS			!
STREET ADDRESS							
CITY-ST-ZIP	ı		5.4 CITY	-ST-ZIP			

14. I 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01/99 305-378-0435 Date Daytime Phone #

CR2E034 (11/98)

=:=