


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

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90017 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000082132 1. Corporation Name TAMPA CAR WASH PROPERTIES, INC.					
Principal Place of Business 2002 N LOIS AVE SUITE 460 TAMPA FL 33607			Mailing Address 2002 N LOIS AVE SUITE 460 TAMPA FL 33607		
2. Principal Place of Business 21 3704 W. Swann Avenue Suite, Apt. #, etc. 22 City & State 23 Tampa, FL 33609 Zip Country 24 25		2a. Mailing Address 26 P.O. Box 25531 Suite, Apt. #, etc. 27 City & State 28 Tampa, FL 33622-5531 Zip Country 29 30		3. Date Incorporated or Qualified 10/25/1995 4. FEI Number 59-3339944 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent KRAUSE, THOMAS S 4301 WOODMERE RD TAMPA FL 33609			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KRAUSE, THOMAS S	1.2 NAME			
STREET ADDRESS	4301 WOODMERE RD	1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PLOUCHER, RAYMOND A	2.2 NAME			
STREET ADDRESS	13711 WHITEBARK PL	2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33625	2.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CURCI, FRANCIS M	3.2 NAME			
STREET ADDRESS	1019 GUI SANDO DE AVILA	3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33613	3.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANDERSON, RICK A	4.2 NAME			
STREET ADDRESS	7603 LAKE CYPRESS DR	4.3 STREET ADDRESS			
CITY-ST-ZIP	ODESSA FL 33556	4.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			



DO NOT WRITE IN THIS SPACE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/2/99 (513) 879-6666