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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000087123 (2)

LULY'S CAR WASH, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Addre	Mailing Address				
6063 WEST 14 COURT		6063 WEST	6063 WEST 14 COURT				
HIALEAH FL 33012		HIALEAH FL	HIALEAH FL 33012			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						11/14/1995	
2. Principal Pla	ice of Business	2a. Mailing Ad	dress			4. FEI Number Applied For	
21		26	26			65-0623667 Not Applicable	
Suite, Apt. #	. etc.	Suite, Apt	#, etc.			SS: 75 Additional	
22		27	27			5. Certificate of Status Desired Fee Required	
City & State		City & Sta	City & State			6. Election Campaign Financing \$5.00 May Be	
23					·	Trust Fund Contribution	
Zip	Country	Zip	— —	untry	,	8. This corporation owes or has paid the current year Intangible	
24	8 Name and Address of Cur	29]	30]			Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent	
g, Name and Address of Current Registered Agent					Name	10, Name and Address of New Registered Agent	
OLIVA, ENRIQUE 6063 WEST 14 COURT				82			
	LEAH FL 33012					ddress (P.O. Box Number is Not Acceptable)	
TIA	LEAN FL 33012			83			
				84	City	FL 85 Zip Code	
11. Pursuant to	the provisions of Sections 607.	0502 and 607,1508, FI	orida Statutes, the	above	l e-named co		
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 protect name of it gostered agent and talled applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.		AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTSD	Ш	DELETE 1.1	TITLE	-	Change Addition	
NAME	OLIVA, ENRIQUE		1.2	NAME			
STREET ADDRESS	6063 WEST 14 COURT		1.3	STREET	ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		2 2	CITY-S	T-ZIP		
TITLE		لــا		TITLE		Change Addition	
NAME			•	NAME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		CITY-S	ST-ZIP	Change I Addition	
TITLE		ليا		TITLE		Change	
NAME CONTENT ADDRESS				NAME	IDDDCCCC		
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP TITLE		П		CITY-S TITLE	51-ZIP	Change Addition	
NAME				NAME		Change Polition	
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				CITY-S			
TITLE				IITLE	1 20	Change Addition	
NAME				NAME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				CITY-S			
TITLE				TITLE		Change Addition	
NAME				NAME		· · ·	
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP	1			CITY-S			
							

Thereby 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.