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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 16 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000092364 (5)

STREET ADDRESS

HOTAL	CAR WASH, INC.					15 17118 HOLE 11137 CHAL BARLAGA
Orlanda at Olan	40	A A - Dr. — A - A - A - A - A - A - A - A - A - A				
Principal Place of Business Mailing Address		· ·				
3325 US HWY 19 N 3325 US HWY 19 N HOLIDAY FL 34691 HOLIDAY FL 34691						
HOLDRI TE OTOFI		TOUDHT IE OFOR	ICLIDAT TE 04001		DO NOT WRITE IN THIS SPACE	
					3. Date incorporated or Qualified	
				.,	12/04/1995	······
<del></del>	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.					59-3352167	Not Applicable
					5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
27   City & State   City & State			<del></del>		Floriton Compaign Financing	
23 28		— _ ´			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip			Country		8. This corporation owes or has paid th	
24	25 29 30		30		Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registe	red Agent
DU	IARTES, PETER		81	Name		
3325 US HWY 19 N			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
HOLIDAY FL 34691						
			83			
			84	City	<del> </del>	85 Zip Code
Ad Daniel to the provider and Cost are COZ O/ CO and COZ 4/ COS Fix and COZ 4/ COS						-
office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	iz and 607.1508, Florida Statute of Florida. Such change was a lations of, Section 607.0505, Flori ations of Section 607.0505, Flori	is, the above uthorized by rida Statutes	s-named cor the corpora i.	poration submits this statement for the purpo- ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE						
4.0	Signature, lyped or printed name of registered ag			nt signature requ		AND DIDECTORS IN 18
12.	OFFICERS AND DIRECTORS  DELETE		13.		ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME			1.2 NAME			
STREET ADDRESS	3325 US HWY 19 N		1.3 STREET ADDRESS			
CITY-ST-ZIP	HOLIDAY FL 34691		1.4 CITY - ST- ZIP			
TITLE			2.1 TITLE			Change Addition
NAME	5.44 5.50 A. S.		2.2 NAME			-
STREET ADDRESS	3325 US HWY 19 N		23 STREET	ADDRESS		
CITY-ST-ZIP	HOLIDAY FL 34891		2.4 CITY-S	IT - ZIP		
TITLE	T DELETE 3.1 T		3.1 TITLE			Change Addition
NAME	NESTOR M. DUARTE 32		3.2 NAME			
STREET ADDRESS	6842 HILLS DR.		3.3 STREET	ADORESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		3.4. CITY - S	T-ZIP		
TITLE			4.1 TITLE			Change Addition
NAME			4. 2 NAME	1		
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S1	T - ZIP		
TITLE			5.1 TITLE			☐ Chan <b>g</b> e ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS		•	5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST	r- ZIP		
TITLE		DELETE	61 TITLE			Change Addition

14. Thereby certify that the information supplied with this Irling 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. 4/10/98 212-842-8836

6.3 STREET ADDRESS