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

**PROFIT** CORPORATION ANNUAL REPORT

1999

CASH AUTO DETAIL, INC.

2. Principal Place of Business

Suite, Act. #, etc.



DOCUMENT # P95000097043

FLORIDA DEPARITMENT OF STATE

## Katherine Harris

Secretary of State

2a. Mailing Address

Suite, Apt. #, etc.

26

DIVISION OF CORPORATIONS

## Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90276 050 \*\*\*150.00

Appl ed For

\$8.75 Additional

Not Applicable

Principal Place of Business	Mailing Address	( ) SECTION (18 1919) STATE ST		
1101 9TH ST WEST BRADENTON FL 34205	1101 9TH ST WEST BRADENTON FL 34205	DO NOT WRITE IN THIS SPACE		
		3. Date In corporated or Qualifed		
		12/18/1995		

4. FEI Number

65-0626125

22	Suite, Act. #, etc.	Suite, Apt. #, etc.		5. (	Certificate of Status Desired	Fee Required	
23	City & State	City & State		i	Electior Campaign Financing Trust F and Contribution	\$5.00 May Be Added to Fees	
24	Zip Country	Zip 30	Country	J	This co poration owes the current ye Person al Property Tax.	ar Intangible □ Yes <b>☆★</b> lo	
	9. Name and Address of Current R			10. 1	Name and Address of New Regist	ere i Agent	
	BELLUOMO, JOSEPH 1101 9TH ST WEST BRADENTON FL 34205		81 82 83	Street Address (P.0	O. Box Number is Not Acceptable)	FL 85 Zip Code	
	<ol> <li>Pursuant to the provisions of Sections 607.0502 a office or registered agent, or both, in the State of agent. am familiar with, and accept the obligation GNATURE</li> </ol>	Florida. Such change was authons of, Section 607.0505, Florida	Statutes	the corporation's boa	ard of cirectors. I hereby accept the	apt ointment as reg stered	
Signature, typed or printed its the brightness agent and the fraphicable. (No.1. Togisardo Agent agent and the fraphicable.							
12	OFFICERS AND	DIRECTORS	13.	Ai	DULLIONS/CHANGES TO OFFICE	13 AND DIRECTORS IN 12	

☐ Change ☐ Addition DELETE 11TITE TITLE **BELLUOMO**, JOSEPH 1.2 NAME NAME 1101 9TH ST WEST 1.3 STREET ADDRESS STREET ADDRESS **BRADENTON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE ☐ Change ☐ Addition TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDR :SS 6.4 CITY-ST-ZIP

CITY-ST-ZIP 14. There by certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indice ed on this annual report or supplemental annual report is true and accurate and that my signa ure shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the species 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 change 1, or on an attachment with an address, with all other tike empowered

SIGNATURE:

SIGNA URE AND TYPE OF PRINTED NAME

OSCOH BELLUDMO JK

CR2E034 (11/98)