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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT # P96000012056 (3)

SUPERWASH III. INC.

## **FILED** Feb 04 1997 8:00am Secretary of State

1325 SEMORA	Principal Place of Business Mailing Address  1325 SEMORAN BLVD 1325 SEMORAN BLVD CASSELBERRY FL 32707 CASSELBERRY FL 32707-6503								
				3. Date Incorporated 02/05/1996	or Qualified 3a. D	Date of Last Re	eport		
2. Principal F	lace of Business	2a. Mailing Address 26	<b>├</b>		4. FEI Number 49-3363431		Applied For Not Applicable		
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status	s Desired	\$8.75 / Fee Re			
City & State	9	City & State		6. Election Campaign	Financing	\$5.00			
<b>Ζ</b> (p	Zip Country Zip Country		8. This corporation ha	Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
24	25 9. Name and Address of Curre	29 29 Agent	30	Florida Statutes  10. Name and Addres					
650	EENBERG, WILLIAM A O S US 17-92 IN PARK FL 32730		81 Nat 82 Stro 83 84 City	el Address (P.O. Box Number is	Not Acceptable)	85 Zip (	Code		
12. TITLE NAME STREET ADDRESS	Signature typed or profed marke of registered a OFFICERS A PD BRADLEY, PAUL 1325 SEMORAN BLVD	gent and tree if applicable INI ND DIRECTORS DELETE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRE		DATE SES TO OFFICERS AN	ID DIRECTOR  Change	RS IN 12 Addition		
CITY - ST - 7/P	CASSELBERRY FL 32707 VSD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		<del></del>	Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP	BARRETT, JACK N 1325 SEMORAN BLVD CASSELBERRY FL 32707		2 2 NAME 2 3 STREET ADDRE 2, 4 CITY - ST - ZIP	ss	· .				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ARNOLD, HUGH 1325 SEMORAN BLVD CASSELBERRY FL 32707	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRE 3.4 CITY - ST - ZIP	SS		Change	☐ Addition		
TITLE NAME STREET ADDRESS		] OELETE	4.1 TITLE 4 2 NAME 4.3 STREET ADDRE	ss		Change	Addition		
DITY-ST-ZP TIFLE NAME STREET ADDRESS GOVERNMENT		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRE	ss .		Change	Addition		
CATY - ST - ZIP TITLE NAME		OELETE	5.4 CITY+ST-ZIP 6.1 TITLE 6.2 NAME		, <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	Change	Addition		

Too nevery certify that the information supplied with this iming does not quality for the exemption stated in Section 119.07(3)(), Fronda Statutes. 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 eath; 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DE

407-782-6800

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