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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000030791**1. Corporation Name

JASON BERVALDI'S MOBILE CAR WASH, INC.

	<del></del>								
Principal Place of Business Mailing Address							n sijas ne	.11   5848	18181 1181 1881
2212 HARRIS AVE. KEY WEST FL 33040 KEY WEST FL 33040								_	
						DO NOT WRITE IN THI	S SPAC	;E	
						3. Date Incorporated or Qualifed 04/01/1996			
Principal Place of Business     2a. Mailing Address						4. FEI Number	umber Applied Fo		
21 26						65-0666443	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State						6. Election Campaign Financing	\$	5.00	May Be
23 28						Trust Fund Contribution			o Fees
Zip	Country	Zip	Countr	У		8. This corporation owes the current year li	ntangibl V Ye		□No
24	25	29	30			Personal Property Tax.  10. Name and Address of New Registered			LINO
	9. Name and Address of Curr	ent Registered Agent	8-	1 N	Name	To. Name and Address of New Registered	Agen		
SAUNDERS, SCOTT 2027 FLAGLER AVE				<u> </u>		et Address (P.O. Box Number is Not Acceptable)			
KEY WEST FL 33040			8:	3				<del></del>	1 1
1167	***************************************			<u> </u>			<u>,</u>		1. 1. 1.
			84	4 0	City	FI	85	Zip C	ode
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NOTE			gnature required v				
12.	····	AND DIRECTORS	13.		<del></del> _	ADDITIONS/CHANGES TO OFFICERS A			
TITLE	D	☐ DELETE	1,1 TITLE				Пс	hange	Addition
NAME	BERVALDI, JASON		1.2 NAME						
STREET ADDRESS	1 .		1.3 STREI						
CITY-ST-ZIP	KEY WEST FL 33040	1.4 CITY-ST-ZIP 2.1 TITLE				ПС	hange	Addition	
TITLE	• □ DELETE		2.1 IIILE 2.2 NAME					na ngo	
NAME STREET ADDRESS			2.3 STREI		INRESS				
CITY-ST-ZIP			2. 4 CITY-						
TITLE	DELETE			3.1 TITLE			c	hange	☐ Addition
NAME .			3.2 NAME						
STREET ADDRESS			3.3 STREI	ET AD	DRESS				
CITY-ST-ZIP			3.4. CITY-	-ST-ZI	JP 9[				
TITLE		☐ DELETE	4.1 TITLE					hange	☐ Addition
NAME			4. 2 NAME	E					
STREET ADDRESS			4.3 STREI	ET ADI	DRESS				
CITY-ST-ZIP		<b>—</b>	4.4 CITY-		.P			<u> </u>	
TITLE		☐ DELETE	5.1 TITLE					hange	☐ Addition
NAME .			5.2 NAME 5.3 STREI		nnece				
STREET ADORESS			5.4 CITY-						
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		-			hange	☐ Addition
DILL	1								

CITY-ST-ZIP 14. I hereby 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 attagrament with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

**FILED** 

Jan 23, 1999 8:00am

**Secretary of State** 

01-23-1999 90028 021 \*\*\*150.00