

3-11-98 B 3118 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000040358 (9)

1. Corporation Name
MACWASH, INC.

Principal Place of Business
7300 14TH ST NE
ST PETERSBURG FL 33702-4635

Mailing Address
7300 14TH ST NE
ST PETERSBURG FL 33702-4635



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4700 CENTRAL AVE Suite, Apt. #, etc. 22 City & State 23 ST PETERSBURG, FL 24 Zip 33711 Country PINELLAS		2a. Mailing Address 26 1406 NORMANDY DR. Suite, Apt. #, etc. 27 APT 3 28 CLEARWATER, FL 29 Zip 33756 Country PINELLAS		3. Date Incorporated or Qualified 05/10/1996	
		4. FEI Number 59-3384933		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

SLAGHT, MELANIE
7300 14TH ST NE
ST PETERSBURG FL 33702-4635

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1406 NORMANDY DR #3
83
84 City CLEARWATER FL 85 Zip Code 33756

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: Melanie A. Slaughter

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PTSC
NAME	SLAGHT, MELANIE	1.2 NAME	
STREET ADDRESS	7300 14TH ST NE	1.3 STREET ADDRESS	1406 NORMANDY DR. #3
CITY-ST-ZIP	ST PETERSBURG FL 33702-4635	1.4 CITY-ST-ZIP	CLEARWATER FL 33756
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 attachment with an address.

SIGNATURE: Melanie A. Slaughter

3-4-98 813-461-3910

CR2E034 (10/97)