PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P96000076101

1. Corporation Name

TRI COUNTY WASH, INC.

Principal Place of Business

ALEXANDRA KARETTK

Mailing Address

P.O. BOX 820095

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90003 014 ***150.00



1540 SW 159 A PEMBROKE PIN		SOUTH FLORIDA FL 3308	3082-0095			DO NOT WRITE IN THIS SPACE					
PEMBRONE FIN	123 / 12 3302/				Ì	3. Date In	corporated of	or Qualifed	1		
					1	09/12	/1996				
2. Principal P	face of Business	2a. Mailing Address				4. FEI Nui					Applied For
	10 S.W. 159 AVE		8200	95		65-06	93969				Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	- 0		_					\$8.7	5 Additional
	BROKE PINES.	27 South	Fla	rid	2	5. Certifca	ite of Status	Desired			Required
City & State		City & State				6 Election	n Campaign	Financing		\$5.	00 May Be
23 Fd /	7. 33027	28 Flace	da				und Contribu	-		•	led to Fees
Zip	Country	Zip	Coun	try	1	8. This co	rporation ow	es the cur	rent year	Intangible	
24	25	29 33082	30	2000	ard		al Property			∐Yes	□ 2 /√0
	9. Name and Address of Current	1=1 9	1				and Addres		Registere	d Agent	
				B1 Nam	e						
KARI	ettis. Alexander		-			(5.0.5	N		1-4-1-X		
1540	S.W. 159 AVE.			32 Stree	et Addres	s (P.O. Box	Number is r	чот Ассер	iable)		
PEM:	BROKE PINES FL 33027		<u> </u>	B3							
·											
				84 City					F	85	Zip Code
44 Diminant	to the provisions of Sections 607.0502	and CO7 1508 Florida Statu	tee the ah	We-name	d cornor:	ation submit	e this statem	ent for the	nurnose	of changing	its registered
office or r	egistered agent, or both, in the State or m familiar with, and accept the obligation	f Flooda. Such change was	authorized	by the co	rporation'	s board of d	irectors. I he	ereby acce	pt the app	pointment a	s registered
agent. I a	m familiar with, and accept the obligation	on of, Section 607.0505, Fl	orida Statul				••	žħ.	120	199	
SIGNATURE	(Sections	es treet	کے	//-	5Q 3 064	-			OATE	<u> </u>	
40	Signature, typed of printed name of registered agent OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	gent signatu	re required w	hen reinstating)	NOCHANO	ES TO O	DATE	AND DIRE	CTORS IN 12
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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 of the receiver or trustee empowered to execute this report as required by Chapter 607. Plorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with invaddress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS