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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000029673**

1. Corporation Name
MILESTONE DEVELOPMENT HOLDINGS, INC.
n/k/a MILESTONE CARWASH DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
777 BRICKELL AVENUE SUITE 950 MIAMI FL 33131	777 BRICKELL AVENUE SUITE 950 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/01/1997

4. FEI Number
65-0740583
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21 1717 SECOND STREET	26 1717 SECOND STREET
Suite, Apt. #, etc. 22 SUITE A	Suite, Apt. #, etc. 27 SUITE A
City & State 23 SARASOTA, FLORIDA	City & State 28 SARASOTA, FLORIDA
Zip 24 34239 Country 25 USA	Zip 29 34239 Country 30 USA

9. Name and Address of Current Registered Agent

CICERO, LISA
777 BRICKELL AVENUE
SUITE 950
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: NEIL N. MALAMUD
82 Street Address (P.O. Box Number is Not Acceptable): 1717 SECOND STREET
83 SUITE A
84 City: SARASOTA

100002840274--7
-04/15/99--01077--002
****150.00 FL ****439.00

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: NEIL N. MALAMUD 3/18/99
Signature, typed or printed name of registered agent and date (both required)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	[X] DELETE	11 TITLE	D,P	[X] Change [X] Addition
NAME	CICERO, LISA B		12 NAME	NEIL N. MALAMUD	
STREET ADDRESS	777 BRICKELL AVE, STE 950		13 STREET ADDRESS	1717 SECOND STREET, SUITE A	
CITY-ST-ZIP	MIAMI FL 33131		14 CITY-ST-ZIP	SARASOTA, FLORIDA 34239	
TITLE	D	[X] DELETE	21 TITLE	D, VP	[X] Change [X] Addition
NAME	CICERO, MATHEW		22 NAME	RONALD R. SHENKIN	
STREET ADDRESS	777 BRICKELL AVE, STE 950		23 STREET ADDRESS	1717 SECOND STREET, SUITE D	
CITY-ST-ZIP	MIAMI FL 33131		24 CITY-ST-ZIP	SARASOTA, FLORIDA 34239	
TITLE		[ ] DELETE	31 TITLE	D, S, TR.	[X] Change [X] Addition
NAME			32 NAME	WILLIAM J. SCHOENBERG	
STREET ADDRESS			33 STREET ADDRESS	1717 SECOND STREET, SUITE A	
CITY-ST-ZIP			34 CITY-ST-ZIP	SARASOTA, FLORIDA 34239	
TITLE		[ ] DELETE	41 TITLE		[ ] Change [ ] Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		[ ] DELETE	51 TITLE		[ ] Change [ ] Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		[ ] DELETE	61 TITLE		[ ] Change [ ] Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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, with all other like empowered.

SIGNATURE: NEIL N. MALAMUD, PRESIDENT 3/18/99 941-951-2511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (11/98)