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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700030011 (5)

ALL AMERICAN CAR WASH OF SOUTH FLORIDA, INC.

Principal Place of Business

7770 WEST OAKLAND PARK BLVD., #100 SUNRISE FL 33351

Mailing Address

7770 WEST OAKLAND PARK BLVD.. #100 SUNRISE FL 33351

FILED Feb 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/02/1997 2. Principal Place of Business 2a. Mailing Address Applied For 1021 HILLS GORD 1440 CORAL FIRSE DR 074 3756 Not Applicable Suite, Apt #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be HILLEBORO Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible BROWAD 3071 Personal Property Tax due June 30. Yes **□**No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SHNIDER, RONALD E 7770 WEST OAKLAND PARK BLVD., #100 82 Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33351 83 64 11. Pursuant to the provisions of Sections 607 0502 and 607 0508. 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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. **SIGNATURE** (NOT) Registered Agent signature required when reinstating) FLICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE SHNIDER, RONALD E NAME 1.2 NAME 7770 WEST OAKLAND PARK BLVD., #100 STREET ADDRESS 1.3 STREET ADDRESS SUNRISE FL 33351 CITY-ST-ZIP 1.4 CITY - ST- ZIP Addition DELETE Change THTLE 2 1 TITLE 2.2 NAME NAME # 407 2.3 STREET ADDRESS STREET ADDRESS 33062 2 4 CITY - ST-2IP CHY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Addition Change TITLE 4.1 THILE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Addition Change TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP DELFTE Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 14. Thereby 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

4. 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 informatic 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 trastee 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, an our attachment with an address.

SIGNATURE:

Divises sugarestulances i

1/14/92 (954) 784 2266