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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P97000057184

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90042 024 ***150.00

1ST WA	VE CAH WASH, INC.								
Principal Plac	e of Business	Mailing Address						ilist t aba t tr ad t	
•		•	OODS DRIVE						
644 SHERIDAN WOODS DRIVE 644 SHERIDAN WOODS DRIVE WEST MELBOURNE FL 32904 WEST MELBOURNE FL 32904									
WEGT MEEDOC	3		,			DO NOT WRIT	E IN THIS	SPACE	
			•			3. Date Incorporated or Qualifed 06/27/1997			~
2. Principal P	Place of Business	2a. Mailing Addre	ss			4. FEI Number		Ap	plied For
21 1195	South Wickham Rd	26 1195	w Sheez	idh	can Rd	59-3456265		No	t Applicable
Suite Apt.		Suite, Apt. #,				5. Certifcate of Status Desired		\$8.75 A	dditional
22		27				5. Certificate of Status Desired	L.)	Fee Re	quired
City & Stat	te	City & State				6. Election Campaign Financing		\$5.00	May Be
23 (Nest	melbourne FL	28 West 1	nelburra	2	4ر	Trust Fund Contribution	<u> </u>	Added t	o Fees
Žip	Country	Zip		untry		8. This corporation owes the curre	ent year Inta		_
24 3290	⊃ 4 25	29 32504	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	egistered /	Agent	
				81	Name				
BEA	ls, robert l'esq.			00	Charact & Johns	ess (P.O. Box Number is Not Accepta	hla)	 	
1800	WEST HIBISCUS BOULEVARD			82	Street Addre	ass (P.O. Box Number is Not Accepta	ute)		
	TE 138			83		· · · · · · · · · · · · · · · · · · ·			
	BOURNE FL 32901								
***************************************				84	City		FL	85 Zip (ode
·	to the provisions of Sections 607.0502			لملج	4	i		-banging its	registered
	to the provisions of Sections 607,0502 registered agent, or both, in the State of im familiar with, and accept the obligation				he corporation	n's board of directors. I hereby accep	tine appoir	tment as re	jistered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Registere	ed Agent :	signature required		DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	D	☐ DE	LETE 1.1 T	TITLE				Change	☐ Addition
NAME	ROBERTS, GEORGE		1.2 N	NAME					
STREET ADDRESS	644 SHERIDAN WOODS DRIVE		1.3 \$	STREET A					
CITY-ST-ZIP	WEST MELBOURNE FL 32904				ADDRESS				
TITLE			■ 1.4 €	CITY-ST-	į.				
NAME	İ	□ DE		CITY-ST-	į.			Change	☐ Addition
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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:

