Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90086 035 \*\*\*150.00

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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000076919

1. Corporation Name

MURPHY'S CAR WASH & DETAILING, INC.

	•							
Principal Place	e of Business	Mailing Address					1 18918 9111#	19191 11019 1911 1021
2400 SOUTH PARK ROAD, #101 HALLANDALE FL 33009		2400 SOUTH PARK ROAD. #101 HALLANDALE FL 33009			·	DO NOT WRITE IN THE	S SPACE	
	,					3. Date Incorporated or Qualifed	3 GF AGE	
	Annual Control of the Control					09/04/1997		
2. Principal Pl	lace of Business	2a. Mailing Addres	58			4. FEI Number		Applied For
21		26				65-0777025		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.				\$8.7	5 Additional
22		27	_			5. Certifcate of Status Desired	Fee	Required
City & State	е	City & State				6. Election Campaign Financing		<b>00</b> May Be
23	<u> </u>	28				Trust Fund Contribution	Add	ed to Fees
Zip	Country	Zip		ıntry		8. This corporation owes the current year Ir	1112	
24	25	29	30	<del>,                                     </del>		Personal Property Tax.  10. Name and Address of New Registered	Yes	□No
<u> </u>	9. Name and Address of Curre	nt Registered Agent	_	81	Name	10. Name and Address of New Registered	Agent	
MUR	PHY, CARRYL				TTGITIO			
2400 SOUTH PARK ROAD, #101 HALLANDALE FL 33009				82	Street Addre	Address (P.O. Box Number is Not Acceptable)		
		4	•					
	•			83				
	•			84	City	F	85	Zip Code
44 Purcuant	to the provisions of Sections 607 050	02 and 607 1508. Florid	a Statutes, the a	bove	-named corpo	pration submits this statement for the number of	f changing	its registered
office or re	egistered agent, or both, in the State	of Florida. Such change	e was authorized	ועסום	the corporatio	in's board of directors. I hereby accept the appoint	intment a	s registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0:	ous, Fionda Stat	utes.				
TO CHEST AND A LOST OF THE	····							
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registered	l Agent	t signature required	when reinstating) DATE		41-
12.	Signature, typed or printed name of registered age OFFICERS AI	ent and title if applicable. ND DIRECTORS	(NOTE: Registered	d Agent	t signature required	when reinstating)  ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS IN 12
-	OFFICERS AI		13.		t signature required	, , , , , , , , , , , , , , , , , , ,	ND DIRE	
12.	OFFICERS AI PD MURPHY, DARRYL	ND DIRECTORS	13.	TLE	t signature required	, , , , , , , , , , , , , , , , , , ,		
12.	OFFICERS AND PD MURPHY, DARRYL. 2400 SOUTH PARK ROAD, #1	ND DIRECTORS	13. LETE 1.1 Ti 1.2 N	TLE AME	t signature required	, , , , , , , , , , , , , , , , , , ,		
12. TITLE NAME	OFFICERS AI PD MURPHY, DARRYL	ND DIRECTORS DEI	13. LETE 1.1 Ti 1.2 Ni 1.3 Si	TLE AME	ADDRESS	, , , , , , , , , , , , , , , , , , ,	☐ Char	nge
12. TITLE NAME STREET ADDRESS	PD MURPHY, DARRYL 2400 SOUTH PARK ROAD, #1 HALLANDALE FL 33009	ND DIRECTORS	13. LETE 1.1 Ti 1.2 Ni 1.3 Si	TLE AME TREET	ADDRESS	, , , , , , , , , , , , , , , , , , ,		nge
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PD MURPHY, DARRYL. 2400 SOUTH PARK ROAD, #1	ND DIRECTORS DEI	13. LETE 1.1 Ti 1.2 N 1.3 Si 1.4 Ci	TLE AME TREET TY-ST	ADDRESS	, , , , , , , , , , , , , , , , , , ,	☐ Char	nge
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD MURPHY, DARRYL 2400 SOUTH PARK ROAD, #1 HALLANDALE FL 33009	ND DIRECTORS DEI	13. LETE 1.1 TI 1.2 N 1.3 ST 1.4 CI LETE 2.1 TI 2.2 N	TLE AME TREET TY-ST TLE AME	ADDRESS	, , , , , , , , , , , , , , , , , , ,	☐ Char	nge
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD MURPHY, DARRYL 2400 SOUTH PARK ROAD, #1 HALLANDALE FL 33009	ND DIRECTORS  DEI	13. LETE 1.1 Ti 1.2 Ni 1.3 ST 1.4 Ct LETE 2.1 Ti 2.2 Ni 2.3 ST 2.4 Ct	TLE AME TREET TY-ST TLE AME	ADDRESS 1-ZIP ADDRESS	, , , , , , , , , , , , , , , , , , ,	☐ Char	nge
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD MURPHY, DARRYL 2400 SOUTH PARK ROAD, #1 HALLANDALE FL 33009	ND DIRECTORS DEI	13. LETE 1.1 Ti 12.N 1.3 Si 14.C LETE 2.1 Ti 22.N 23.Si 2.4.C LETE 3.1 Ti	TLE TREET TY-ST TLE AME TREET TREET TREET	ADDRESS 1-ZIP ADDRESS	, , , , , , , , , , , , , , , , , , ,	☐ Char	nge
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PD MURPHY, DARRYL 2400 SOUTH PARK ROAD, #1 HALLANDALE FL 33009	ND DIRECTORS  DEI	13. LETE 1.1 Ti 1.2 Ni 1.3 ST 1.4 Ct LETE 2.1 Ti 2.2 Ni 2.3 ST 2.4 Ct	TLE TREET TY-ST TLE AME TREET TREET TREET	ADDRESS 1-ZIP ADDRESS	, , , , , , , , , , , , , , , , , , ,	☐ Char	nge
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PD MURPHY, DARRYL 2400 SOUTH PARK ROAD, #1 HALLANDALE FL 33009	ND DIRECTORS  DEI	13. LETE 1.1TI 12.N 1.3.ST 1.4.CC LETE 2.1TI 22.N 23.ST 2.4.CC LETE 3.1TI 32.N	TILE TREET TITLE AME TREET TREET CITY-ST TILE AME	ADDRESS 1-ZIP ADDRESS	, , , , , , , , , , , , , , , , , , ,	☐ Char	nge
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PD MURPHY, DARRYL 2400 SOUTH PARK ROAD, #1 HALLANDALE FL 33009	DD DIRECTORS  DEI	13. LETE 1.1TI 12.N 1.3ST 1.4CC LETE 2.1TI 22.N 2.3ST 2.4C LETE 3.1TI 32.N 3.3ST 3.4.CC	TILE  AME  TREET  TITLE  AME  TREET  TILE  AME  TILE  AME	ADDRESS T-ZIP ADDRESS T-ZIP	, , , , , , , , , , , , , , , , , , ,	☐ Char	ge Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	PD MURPHY, DARRYL 2400 SOUTH PARK ROAD, #1 HALLANDALE FL 33009	ND DIRECTORS  DEI	13. LETE 1.1TI 12.N 1.3.ST 1.4.CC LETE 2.1TI 22.N 23.ST 2.4.CC LETE 3.1TI 32.N 33.ST 34.CC LETE 4.1TI	TILE  AME TREET TILE  AME TREET TILE  AME TREET TILE  AME TREET TILE	ADDRESS T-ZIP ADDRESS T-ZIP	, , , , , , , , , , , , , , , , , , ,	☐ Char	ge Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	PD MURPHY, DARRYL 2400 SOUTH PARK ROAD, #1 HALLANDALE FL 33009	DD DIRECTORS  DEI  DEI  DEI	13. LETE 1.1 TH 1.2 NV 1.3 ST 1.4 CC 1.1 TH 2.2 NV 2.3 ST 2.4 CC 1.1 TH 3.2 NV 3.3 ST 3.4 CC 1.1 TH	TILE  AME TREET TILE  AME TREET TILE  AME TREET TILE  AME TREET TILE  AME	ADDRESS T-ZIP ADDRESS T-ZIP T-ZIP	, , , , , , , , , , , , , , , , , , ,	☐ Char	ge Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	PD MURPHY, DARRYL 2400 SOUTH PARK ROAD, #1 HALLANDALE FL 33009	DD DIRECTORS  DEI	13. LETE 1.1 TI 12.N 1.3.S' 1.4.CC LETE 2.1 TI 22.N 2.3.S' 2.4.CC LETE 3.1 TI 32.N 3.3.S' 3.4.CC LETE 4.1 TI 4.2.N 4.3.S'	TILE  AME  TREET  TILE  AME  TREET  TILE  AME  TREET  TILE  AME  TREET  TILE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	, , , , , , , , , , , , , , , , , , ,	☐ Char	ge Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PD MURPHY, DARRYL 2400 SOUTH PARK ROAD, #1 HALLANDALE FL 33009	DEI DEI DEI DEI	13. LETE 1.1TI 12.N 1.3.S' 1.4.C' LETE 2.1TI 22.N 23.S' 2.4.C LETE 3.1TI 32.N 33.S' 34.C' 4.1TI 4.2N 4.3S' 4.4.C'	TILE  AME TREET TILE  AME TREET TILE  AME TREET TILE  AME TREET TILE  TREET TILE  TI	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	, , , , , , , , , , , , , , , , , , ,	Char	ge Addition  ge Addition  ge Addition  ge Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PD MURPHY, DARRYL 2400 SOUTH PARK ROAD, #1 HALLANDALE FL 33009	DD DIRECTORS  DEI  DEI  DEI	13. LETE 1.1TI 12.N 1.3.S' 1.4.C' LETE 2.1TI 22.N 23.S' 2.4.C LETE 3.1TI 32.N 33.S' 34.C' LETE 4.1TI 4.2N 4.3S 4.4.C' LETE 5.1TI	TILE  AME  TREET  TILE  AME  TREET  TILE  AME  TREET  TILE  TAME  TREET  TILE  TREET  TREET  TREET  TREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	, , , , , , , , , , , , , , , , , , ,	☐ Char	ge Addition  ge Addition  ge Addition  ge Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  TITLE  NAME  STREET ADDRESS  TITLE  NAME  NAME	PD MURPHY, DARRYL 2400 SOUTH PARK ROAD, #1 HALLANDALE FL 33009	DEI DEI DEI DEI	13. LETE 1.1TI 12.N 1.3.S' 1.4.C' LETE 2.1TI 22.N 23.S' 2.4.C LETE 3.1TI 32.N. 33.S' 34.C' LETE 4.1TI 4.2N 4.3S' 4.4.C' LETE 5.1TI 52.N	TITLE  AME  TREET  TITLE  AME  TREET  TILE  AME  TREET  TILE  TREET  TITLE  TREET  TRE	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICERS A	Char	ge Addition  ge Addition  ge Addition  ge Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	PD MURPHY, DARRYL 2400 SOUTH PARK ROAD, #1 HALLANDALE FL 33009	DEI DEI DEI DEI	13. LETE 1.1 TI 12.N 1.3 S' 1.4 CC LETE 2.1 TI 22.N 23 S' 2.4 CC LETE 3.1 TI 3.2 N. 3.3 S' 3.4 CC LETE 4.1 TI 5.2 N. 5.3 S' 5.3	TITLE  AME TREET TITLE  AME TREET TILE  AME TREET TILE  TITLE	ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP	, , , , , , , , , , , , , , , , , , ,	Char	ge Addition  ge Addition  ge Addition  ge Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PD MURPHY, DARRYL 2400 SOUTH PARK ROAD, #1 HALLANDALE FL 33009	DEI  DEI  DEI  DEI  DEI  DEI	13. LETE 1.1 TI 12.N 1.3 ST 1.4 CC LETE 2.1 TI 22.N 2.3 ST 2.4 CC LETE 3.1 TI 3.2 N 3.3 ST 3.4 CC LETE 4.1 TI 4.2 N 4.3 ST 4.4 CC LETE 5.1 TI 5.2 N 5.3 ST 5.4 CC	TILE TREET TILE TREET TILE AME TREET TILE TREET TREET TILE TREET	ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP	ADDITIONS/CHANGES TO OFFICERS A	☐ Char	ge Addition  age Addition  age Addition  age Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	PD MURPHY, DARRYL 2400 SOUTH PARK ROAD, #1 HALLANDALE FL 33009	DEI DEI DEI DEI	13. LETE 1.1 TI 12.N 1.3 ST 1.4 CC LETE 2.1 TI 22.N 2.3 ST 2.4 CC LETE 3.1 TI 3.2 N 3.3 ST 3.4 CC LETE 4.1 TI 4.2 N 4.3 ST 4.4 CC LETE 5.1 TI 5.2 N 5.3 ST 5.4 CC	TILE  AME TREET TILE  AME TREET TILE  AME TREET TILE  TREET TILE  TREET TILE  TREET TILE	ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP	ADDITIONS/CHANGES TO OFFICERS A	Char	ge Addition  age Addition  age Addition  age Addition

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:

STREET ADDRESS CITY-ST-ZIP