


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90137 008 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000078224**

1. Corporation Name  
**MAX-A-MILLION AUTO DETAILING, INC.**



Principal Place of Business 7170 E. COLONIAL DRIVE STE. C ORLANDO FL 32807	Mailing Address 7170 E. COLONIAL DRIVE STE. C ORLANDO FL 32807
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1708-N. GOLDENROD Rd.</b>		2a. Mailing Address <b>1708-N. GOLDENROD Rd.</b>		3. Date Incorporated or Qualified <b>09/08/1997</b>	
22 Suite, Apt. #, etc. <b>SUITE 102</b>		27 Suite, Apt. #, etc. <b>SUITE 102</b>		4. FEI Number <b>59-3467887</b>	
23 City & State <b>ORLANDO FL.</b>		28 City & State <b>ORLANDO FL.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
24 Zip <b>32807</b> 25 Country <b>U.S.A.</b>		29 Zip <b>32807</b> 30 Country <b>U.S.A.</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>RIVIERA, WILFREDO</b> <b>5405/G LAKE MARGARET DRIVE</b> <b>ORLANDO FL 32812</b>				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>RIVIERA, WILFREDO</b> <b>5405/G LAKE MARGARET DRIVE</b> <b>ORLANDO FL 32812</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City <b>FL</b> 85 Zip Code	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<b>RIVIERA, WILFREDO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIVIERA, WILFREDO</b>		1.2 NAME	<b>RIVIERA, WILFREDO</b>	<b>CORRECTION</b>
STREET ADDRESS	<b>5405/G LAKE MARGARET DR.</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO FL 32812</b>		1.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIVIERA, DENISE</b>		2.2 NAME		
STREET ADDRESS	<b>5405/G LAKE MARGARET DR.</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO FL 32812</b>		2.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAPIA, FRANKIE</b>		3.2 NAME		
STREET ADDRESS	<b>4504 COMMANDER DR.</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO FL 32807</b>		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	<b>ROBERTO ORTEGA, ROBERTO</b>	
STREET ADDRESS			4.3 STREET ADDRESS	<b>4454-TOMLISON CIRCLE</b>	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<b>ORLANDO FL 32824</b>	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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: \_\_\_\_\_ DATE: **MARCH 8 1999** (407) 282-2855  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)