

**SECOND NOTICE** CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0032140

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # P97000099428**

1. Corporation Name  
**CLEAN CAR INTERIORS OF SOUTH FLORIDA, INC.**

**FILED**  
 99 NOV -3 AM 9:54  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



4/30/99 90086 007 \$150.00  
 DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 17401 SW 7TH ST.  
 PEMBROKE PINES FL 33029

Mailing Address  
 17401 SW 7TH ST.  
 PEMBROKE PINES FL 33029

2. Principal Place of Business  
 21 17401 SW 7 ST  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23 PEMBROKE PINES FL  
 Zip  
 24 33029  
 Country  
 25 BROWARD

2a. Mailing Address  
 26 17401 SW 7 ST  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28 PEMBROKE PINES FL  
 Zip  
 29 33029  
 Country  
 30 BROWARD

3. Date Incorporated or Qualified  
 11/21/1997

4. FEI Number  
 65-0795826

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.  Yes  No

9. Name and Address of Current Registered Agent  
 BROCK, WILLIAM  
 17401 SW 7TH ST.  
 PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent  
 81 Name HAROLD PRICE  
 82 Street Address (P.O. Box Number is Not Acceptable) 17401 SW 7 ST  
 83  
 84 City PEMBROKE PINES FL 85 Zip Code 33029

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 HAROLD PRICE  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9/14/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BROCK, WILLIAM	
STREET ADDRESS	17401 SW 7TH ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PRICE, HAROLD	
STREET ADDRESS	17401 SW 7TH ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BROCK, ROBIN	
STREET ADDRESS	17401 SW 7TH ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRICE HAROLD	
1.3 STREET ADDRESS	17401 SW 7ST.	
1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.  
 SIGNATURE: Harold Price 9/14/99 954-432787  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

**CLEAN CAR INTERIOR OF  
SOUTH FLORIDA, INC.**

17401 SW 7<sup>TH</sup> STREET  
PEMBROKE PINES, FL 33029

2

October 25, 1999

Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

This is to inform you that a letter of rejection was never received by the above corporation. Please file the annual report enclosed with the corrections per your instructions via telephone. Per your instructions no additional fee is required as you do acknowledge having received the initial fee of \$150.00. Thank you for your attention to this matter.

Sincerely,



Harold Price  
President