


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90029 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000046522 1. Corporation Name BUBBLEBATH AUTO SPA, INC.					
Principal Place of Business 4101 N. HIATUS RD. SUNRISE FL 33351			Mailing Address 4101 N. HIATUS RD. SUNRISE FL 33351		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 05/21/1998					
2. Principal Place of Business 21 8510 NW 59 STREET Suite, Apt. #, etc. 22		2a. Mailing Address 26 8510 NW 59 ST Suite, Apt. #, etc. 27		4. FEI Number 650 842 464 Applied For Not Applicable	
23 TAMARAC FL City & State Zip 33321 Country US		28 TAMARAC FL City & State Zip 33321 Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Name and Address of Current Registered Agent MAYO, VALQUIRIA 4101 N. HIATUS RD. SUNRISE FL 33351			10. Name and Address of New Registered Agent 81 Name MAYO, VALQUIRIA 82 Street Address (P.O. Box Number is Not Acceptable) 8510 NW 59 ST 83 84 City TAMARAC - FL FL 85 Zip Code 33321		
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 <i>Valquiria Mayo</i> VALQUIRIA MAYO 7/20/99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME SCOTT A. COOKSEY 1.3 STREET ADDRESS 8510 NW 59TH ST 1.4 CITY-ST-ZIP TAMARAC FL 33321 2.1 TITLE V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME VALQUIRIA MAYO 2.3 STREET ADDRESS 8510 NW 59TH ST 2.4 CITY-ST-ZIP TAMARAC FL 33321 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: <i>Valquiria Mayo</i> VALQUIRIA MAYO 7/20/99 (954) 722-0005 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (5/99)