09141999-90002-004-$150.00-$150.00

AMOUNT DUE ON OR BEFORE 05/1/99: $550 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.

9.

PROFIT CORPORATION ANNUAL REPORT

1999

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

L

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT -1 PM 1:18

DOCUMENT # P98000072792

Corporation Name
PERSONAL TOUCH CAR WASH, INC.

Principal Place of Business	Mailing Address
33 S. CONGRESS AVENUE ALM SPRINGS FL 33461	3033 S. CONGRESS AVENUE PALM SPRINGS FL 33461

DO NOT WRITE IN THIS SPACE

Principal Place of Business 3033 S.CONGRESS AVE.	2a. Mailing Address 26 3033 S.CONGRESS AVE.	3. Date Incorporated or Qualified 08/20/1998	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	4. FEI Number 65-0863283	Applied For Not Applicable
City & State PALM SPRINGS, FL	City & State 28 PALM SPRINGS, FL	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 33461	Country 25 USA	Zip 29 33461	Country 30 USA
		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	

8. Name and Address of Current Registered Agent

~~BRIGMAN, HOWARD GREENBERG TRAURIG 777 SOUTH FLAGLER DR., STE 300 EAST TOWER WEST PALM BEACH FL 33401~~

10. Name and Address of New Registered Agent

81 Name: JEFFEREY S. STEINER, CPA.
82 Street Address (P.O. Box Number is Not Acceptable): 2201 NW 30TH PLACE, STE. A.
83
84 City: POMPANO BCH FL 85 Zip Code: 33069

Pursuant to the provisions of sections 607.0502 and 607.1506, 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)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TLE	President	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
ME	Scott Jacovino		1.2 NAME
REET ADDRESS	180 Yacht Clubway Apt. 307		1.3 STREET ADDRESS
Y-ST-ZIP	Lantana, FL 33462		1.4 CITY-ST-ZIP
LE	Vice President	☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
ME	John Artuso		2.2 NAME
REET ADDRESS	131 Yacht Clubway Apt. 207		2.3 STREET ADDRESS
Y-ST-ZIP	Lantana, FL 33462		2.4 CITY-ST-ZIP
LE		☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
ME			3.2 NAME
REET ADDRESS			3.3 STREET ADDRESS
Y-ST-ZIP			3.4 CITY-ST-ZIP
LE		☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
ME			4.2 NAME
REET ADDRESS			4.3 STREET ADDRESS
Y-ST-ZIP			4.4 CITY-ST-ZIP
LE		☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
ME			5.2 NAME
REET ADDRESS			5.3 STREET ADDRESS
Y-ST-ZIP			5.4 CITY-ST-ZIP
LE		☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
ME			6.2 NAME
REET ADDRESS			6.3 STREET ADDRESS
Y-ST-ZIP			6.4 CITY-ST-ZIP

CR2E034 (5/99)

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #