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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 V65663 DOCUMENT # 1. Corporation Name

(9)

AQUATECH NU IMAGE CAR WASHS INC.

Principal Place of Business	Mailing Address
877 CAPE CORAL PKWY CAPE CORAL FL 33904	877 CAPE CORAL PARKWAY CAPE CORAL FL 39904 US



Principal Place of Business 877 CAPE CORAL PKWY CAPE CORAL FL 33904		877 CAPE CORAL P	Mailing Address 877 CAPE CORAL PARKWAY CAPE CORAL FL 33904 US					
					3. Date incorporated or Qualified 09/22/1992	3a. Date 03	9/08/	t Report 1995
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number 65-0369355		Ţ	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	75 Additional ee Required
City & State 23	9	City & State			Election Campaign Financing Trust Fund Contribution		\$5	.00 May Be
Zip 24	Country 25	Ζιρ 29	Country 30	/	This corporation has liability for it Florida Statutes			
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New R	egistered /	gent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			81 Name 82 Street Addre 83		ress (P.O. Box Number is Not Acceptable)			
			84	City		FL	85	Zip Code
or register familiar wit	ed agent, or both, in the State of Florid h, and accept the obligations of, Sect	r and 607, 1506, Florida Statu da. Such change was auth <mark>ort</mark> ion 607,0505, Florida Statu te	nes, the above-r zed by the corp is.	named corpo oration's boa	oration submits this statement for the purp ard of directors. I hereby accept the appo	oose of char Intment as r	nging it register	s registered office ed agent. I am
SIGNATURE ,	Sloadure typed or printed paper of repetered a visit	next this if necessaria	est to the second					
*	Signature, typed or printen name of registered agent		OTF Registered Ager	ri signature require		DATE		
	Signature, typed or printed name of registered agent OFFICERS ANI	D DIRECTORS	13.	rt signature require	ed when renstaterg) ADDITIONS/CHANGES TO OFFICE	CERS AND		
12.	D OFFICERS AND KLINE, ROBERT 5040 HARBORAGE DRIVE					CERS AND	DIRECT	
12. TITLE NAME	OFFICERS AND KLINE, ROBERT	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS		CERS AND		
12. TITLE MAME STREET ADDRESS	OFFICERS AND D KLINE, ROBERT 5040 HARBORAGE DRIVE FT MYERS FL	D DIRECTORS DOCLETE	13. 1. 1 TITLE 1.2 NAME	ADDRESS		CERS AND) Changi	e Addition
12. THE NAME STREET ADDRESS CHY-SI-ZIP HILE NAME SIRRET ADDRESS	OFFICERS AND D KLINE, ROBERT 5040 HARBORAGE DRIVE FT MYERS FL	D DIRECTORS DOCLETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE! 1.4 CITY-S	ADDRESS T-ZIP		CERS AND		e Addition
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oath, that I am an officer or director 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 appears in Block 12 or Block 13 if chapped, or on an attachment with an address.

SIGNATURE:

TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/57/96 94/542-5823