


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**APPROVED  
AND  
FILED**

**97 AUG -4 AM 8: 52**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F95000005135 (7)**  
 1. Corporation Name  
**WASHINGTON MANAGEMENT CORP.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: C/O WHARTON REALTY GROUP, 2100 HIGHWAY 35, SUITE A, SEA GIRT NJ 08750  
 Mailing Address: C/O WHARTON REALTY GROUP, 2100 HIGHWAY 35, SUITE A, SEA GIRT NJ 08750

3. Date Incorporated or Qualified: 10/17/1995  
 3a. Date of Last Report: 04/09/1996  
 4. FEI Number: 13-3854871  
 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 or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

2. Principal Place of Business (21-24)  
 2a. Mailing Address (25-28)  
 22. Suite, Apt. #, etc.  
 23. City & State  
 24. Zip Country

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent (81-85)  
 81 Name  
 82 Street Address (P.O. Box Number is ~~Not~~ Acceptable)  
 83  
 84 City FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PK D.	<input type="checkbox"/> DELETE
NAME	TAWIL, SAUL R	
STREET ADDRESS	C/O PLAY KNITS/ 240 WEST 40TH STREET	
CITY-ST-ZIP	NEW YORK NY 10018	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MASSRY, DANIEL	
STREET ADDRESS	C/O WHARTON REALTY/ 2100 ROUTE 35, SUITE A	
CITY-ST-ZIP	SEA GIRT NJ 08750	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SUTTON, SHARON	
STREET ADDRESS	C/O PLAY KNITS/ 240 WEST 40TH STREET	
CITY-ST-ZIP	NEW YORK NY 10018	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SITT, MARILYN	
STREET ADDRESS	C/O PLAY KNITS/ 240 WEST 40TH STREET	
CITY-ST-ZIP	NEW YORK NY 10018	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Delete "C" Insert "D"	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	600002262396-5	
2.3 STREET ADDRESS	-08/08/97-01140-015	
2.4 CITY-ST-ZIP	***165.00 ***165.00	
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	08/8/97	
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 do 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 \_\_\_\_\_

CR2E034 (4/97)