FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H18872

(2)

WASH UR DUDS, INC.

Principal Place M MITCHELL M 6330 JOHNSON HOLLYWOOD F	iarx I street	Mailing Address * MITCHELL MARX 8330 JOHNSON STREET HOLLYWOOD FL 33024-77	722		
				3. Date Incorporated or Qualified 08/30/1984	3a. Date of Last Report 01/24/1996
2. Principal P	lace of Business 59 NW y5 Sr #. etc	28. Mailing Address 26 9/59 NW	45 1 ST	4. FEI Number 59-2440144	Applied For Not Applicable
Suite, Apt.	#. etc	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State 28 SUMUST	lbs	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 73/	Country 25 Dwg	29 33351	Country 30 Bws		Yes No
	9. Name and Address of 0	Surrent Registered Agent	641.5	10. Name and Address of New Re	platered Agent
6330	X, MITCHELL) JOHNSON ST LYWOOD FL		 81 Name 82 Street Add 83 64 City 	ress (P.O. Box Number is Not Acceptab	RE Zin Code
office or r	egistered agent, or both, in tho in familiar with, and accept the agent or the discount name of night	e State of Florida. Such change was obligations of, Section 607.0505, Fl	authorized by the corpora	poration submits this statement for the p tion's board of directors. I hereby accep ared when reinstaling) ADDITIONS/CHANGES TO OFFIC	ot the appointment as registered
TITLE	PST	DELETE	1.1 TITLE	7,000,000,000,000,000,000,000	Change 7 Additton
NAME STREET ADDRESS CITY+S1+ZIP	MARX, MITCHELL 6330 JOHNSON ST HOLLYWOOD FL	_	1,2 NAME 1,3 STREET ADDRESS 1,4 City-St-Zip	9159 AW 454 30 SUNNISE FLA 3	
NAME STREET ADDRESS		. DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		L] Change L] Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	2 4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS		Change Addition
ITLE NAME STREET ADDRESS		☐ DELETE	3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
CITY - ST - ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4 4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS		Change Addition
CITY-ST-7-P TITLE NAME STREET ADDRESS		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	ALCO ALCO ALCO ALCO ALCO ALCO ALCO ALCO	Change Addition
CITY-ST-ZIP	by certify that the information s	simplied with this filing does not gua	6 4 CITY-ST-ZIP	d in Section 119.07(3)(i), Florida Statute	s. 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 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:

FILED

Jan 24 1997 8:00am

Secretary of State