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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

MIAMI BEACH FL 33141

2. Principal Place of Business

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 643004

(5)

D AND S WASHBOARDS, INC.

('

Mailing Address

1625 BAY DRIVE MIAMI BEACH FL 33141

2a. Mailing Address

## FILED Jan 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

Change

305 864 1781

Addition

 Date Incorporated or Qualified 10/26/1979

4. FEI Number

21		26			59-1944932	Not Applica	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 Additiona Fee Required	
City & Stat	е	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Countr 30	y	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible	
	<ol><li>Name and Address of Curr</li></ol>	ent Registered Agent			10. Name and Address of New Register	ed Agent	
CC	DHEN, MILTON		81	Name			
1625 BAY DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)			
MIAMI BEACH FL 33141				Subject Address (1.0. box Normber is Not Acceptable)			
			83				
			84	City		Int The Code	
			04	City	F	85 Zip Code	
agent. I a	m familiar with, and accept the obl	ligations of, Section 607.0505, Fl	lorlda Statute	s. 	ion's board of directors. I hereby accept the a		
	Signature, typed or printed name of registered a			ent signature requir	red when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	· •	DELETE	1,1 TITLE			∟ Change ∟ Addi	
NAME	COHEN, MILDRED		1,2 NAME				
STREET ADDRESS	1625 BAY DR MIAMI BEACH FL			T ADDRESS			
CITY - ST - ZiP	S S	DELETE	1,4 CITY - 1	ST-ZIP		Change Addi	
TITLE	COHEN. MILTON	T Derese	2.1 TITLE			I Change L Muu	
NAME	1625 BAY DR		2.2 NAME				
STREET ADORESS CITY-ST-ZIP	MIAMI BEACH FL		2,3 STREE 2, 4 CITY-	ADDRESS			
TITLE	HAR WILL DEMOLITY E	DELETE	2, 4 GHY-	31-417		Change Addi	
NAME			3.2 NAME				
STREET ADORESS			3.3 STREE	ADDRESS			
CITY-ST-ZIP			3.4. CITY-				
TITLE		DELETE	4.1 TITLE			Change Addi	
NAME			4, 2 NAME				
STREET ADORESS			4.3 STREET	ADDRESS			
CITY - ST - ZIP			4,4 CITY - 5	ST-ZIP			
TITLE		DELETE	5.1 TITLE			Change Addi	
NAME	-		5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

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.

DELETE