

FILE NOW: FILING FEE IS \$61.25

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Mar 25 1997 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **701160** (4)

1. Corporation Name

**WASHINGTON CO-OP INC**

Principal Place of Business

**2201 WASHINGTON ST #10  
HOLLYWOOD FL 33020**

Mailing Address

**2507 WASHINGTON  
HOLLYWOOD FL 33020-5877  
US**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BERGERON, CLAUDE  
2507 WASHINGTON ST  
HOLLYWOOD FL 33020**

3. Date Incorporated or Qualified

**07/04/1960**

3a. Date of Last Report

**04/29/1996**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reappointing)

DATE

**03/21/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BERGERON, C.</b>	
STREET ADDRESS	<b>2201 WASHINGTON ST. #1</b>	
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>PLANE, RUTH</b>	
STREET ADDRESS	<b>2201 WASHINGTON ST., #12</b>	
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>FIN, TERESA</b>	
STREET ADDRESS	<b>2201 WASHINGTON ST #10</b>	
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>BEAUCHESNE, R.</b>	
STREET ADDRESS	<b>2201 WASHINGTON ST. #4</b>	
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BERGERON, COLLETTE</b>	
STREET ADDRESS	<b>2201 WASHINGTON ST #1</b>	
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**03/21/97** 954-925-0138

CR2E037 (9/96)