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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

701160

(4)

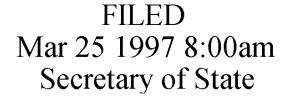
WASHINGTON CO-OP INC

Principal	Place of	Business

Mailing Address

2201 WASHINGTON ST #10

2507 WASHINGTON





HOLLYWOOD FL 330	20	HOLLYWOOD FL 33020-58	77			1				
-		US				3. Date Incorporated or Qualified 07/04/1960	3a. Da	te of L 04/29	ast Re /199	port 6
2. Principal Flace o	of Business	2a. Mailing Address 26				4. FEI Number NOT APPLICABLE	<u> </u>			olied For Applicable
Suite, Apr. #, oto		Suite, Apt. #, etc.				5. Certificate of Status Desired			75 A	dditional
22								e Re	<u> </u>	
23 28						Election Campaign Financing Trust Fund Contribution	П			May Be Fees
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for in				
24	25	29	30					9 No		
9.	Name and Address of Current I	Registered Agent		81	Alaman	10. Name and Address of New Rec	latered /	Agent	•••••	
DEDAEDA.	A. 411DE]	81	Name					
BERGERON,			-	B2 Street Address (P.O. Box Number is Not Acceptable)						
2507 WASHIN HOLLYWOOD	- · · · - · · · · · · · · · · · · · · ·		}	B3				•		***************************************
HOLLIWOOL) Y L 33020				<u> </u>	······································		Tan I		
	,			84	City		FL	85	Zip C	ode
11. Pursuant to the office or registe agent. Fam fam	provisions of Sections 617,0502 ered agent, or both, in the State of ruliar with, and accept the obligati	and 617.1508, Florida Statul Florida. Such change was ons of Section 617.0503, Fl	les, the at authorized orida Stat	oove d by utes.	-named corpo the corpo	orporation submits this statement for the piration's board of directors. I hereby accept	urpose of t the app	chang ointme	ing its nt as i	registered egistered
SIGNATURE X	in etyped or enhanced name of registering agen-	and title if applicable (NOT				quired when reinstating)	DATE	3/3/	/9	7
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TILE		☐ DELETE	1.1 TN					☐ Ch	ange	Addition
1 11	ERGERON, C.		1.2 NA							
	201 Washington St. #1 Ollywood Fl				ADDRESS					
CHY-S1-ZIP HU THLE V	OLL WOOD IL	DELETE	1.4 Cl	TY-ST	- ZIP	***************************************		TI Ch	ange	Addition
	ANE, RUTH		2.2 NA		ĺ		-		,	
	201 WASHINGTON ST.,#12				ADDRESS					
I	OLLYWOOD FL		2. 4 C		- 1					
TITLE TO	•	DELETE	3.1 Tr	TLE				☐ Ch	ange	☐ Addition
1	N, TERESA		3.2 NA	AME	- 1					
	201 WASHINGTON ST #10		3.3 ST	REET	ADDRESS					
	OLLYWOOD FL	DELETE	3.4. C		T-ZIP	<u> </u>		7 0.		T address
	EAUCHESNVE, R.		4.1 Til 4.2 N					☐ Ch	ange	Addition
	201 WASHINGTON ST. #4				ADDRESS					
	OLLYWOOD FL		4.4 Ci							
TITLE D		☐ DELETE	5.1 TII		-	······································		Ch	ange	Addition
NAME BE	ergeron, collette		5.2 NA	AME						
	201 WASHINGTON ST #1		5 3 ST	REET A	ADDRESS					
· · · · · · · · · · · · · · · · · · ·	OLLYWOOD FL		54 CI		- ZIP					
TOLE		☐ DELETE	6111					☐ Ch	ange	Addition
NAME			6.2 N		1					
STREET ADDRESS					ADDRESS					
City-St-Zir	risty that the information supplied	with this filing does not quali	6.4 Cl			ted in Section 119.07(3)(i). Florida Statutes	Liuribo	cortifi	that t	ho

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.