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FILED

Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
US)**



2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
25 Suite, Apt. #, etc.
26 City & State
27 Zip
28 Country

3. Date Incorporated or Qualified
07/04/1960

4. FEI Number
NOT APPLICABLE

Applied For
☐ Yes ☐ No

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**BERGERON, CLAUDE
2507 WASHINGTON ST
HOLLYWOOD FL 33020**

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]* DATE *April 15th 98*

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	BERGERON, C.	1.2 NAME	
STREET ADDRESS	2201 WASHINGTON ST. #1	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	VICE-PRESIDENT
NAME	PLANE, RUTH	2.2 NAME	FINI TERESA
STREET ADDRESS	2201 WASHINGTON ST., #12	2.3 STREET ADDRESS	2201 WASHINGTON ST APT 10
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	HOLLYWOOD FLA.
TITLE	TD	3.1 TITLE	LABBE COLETTE
NAME	FIN, TERESA	3.2 NAME	2201 WASHINGTON APT 1
STREET ADDRESS	2201 WASHINGTON ST #10	3.3 STREET ADDRESS	HOLLYWOOD FL.
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	BEAUCHESNVE, R.	4.2 NAME	
STREET ADDRESS	2201 WASHINGTON ST. #4	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D
NAME	BERGERON, COLLETTE	5.2 NAME	MARTEL MARC ANDRE
STREET ADDRESS	2201 WASHINGTON ST #1	5.3 STREET ADDRESS	2201 WASHINGTON ST APT 8
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	HOLLYWOOD FL
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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]* DATE: *April 15th 98* 404-8527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)