


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 30, 1999 8:00 am**  
**Secretary of State**

03-30-1999 90043 033 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 701160**

1. Corporation Name

**WASHINGTON CO-OP INC**

Principal Place of Business  
2201 WASHINGTON ST #10  
HOLLYWOOD FL 33020

Mailing Address  
2201 WASHINGTON  
APT 10  
HOLLYWOOD FL 33020  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/04/1960</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country		

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	<b>CLAUDE BERGERON</b>	
82	Street Address (P.O. Box Number is Not Acceptable)	<b>2201 WASHINGTON ST APT #10</b>	
83	City	<b>HOLLYWOOD</b>	
84	State	85	Zip Code
	<b>FL</b>		<b>33020</b>

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*April 1st 99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERGERON, C.</b>	1.2 NAME	
STREET ADDRESS	<b>2201 WASHINGTON ST. #1</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FINI, TERESA</b>	2.2 NAME	
STREET ADDRESS	<b>2201 WASHINGTON ST, APT 10</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LABBE, COLETTE</b>	3.2 NAME	
STREET ADDRESS	<b>2201 WASHINGTON, APT 1</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEAUCHESNE, R.</b>	4.2 NAME	
STREET ADDRESS	<b>2201 WASHINGTON ST. #4</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTEL, MARC A</b>	5.2 NAME	
STREET ADDRESS	<b>2201 WASHINGTON ST, APT 8</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:

*Signature Required*

*April 1st 99*

*404-8527*

CR2E037-11/991