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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F95000005135 (7)

WASHINGTON MANAGEMENT CORP.

THIOIPE THOSE OF DIMONTOSS	
C/O WHARTON REALTY GROUP 2100 HIGHWAY \$5. SUITE A SEA GIRT NJ 08750	ı

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## FILED Feb 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address C/O WHARTON REALTY GROUP 2100 HIGHWAY 35. SUITE A DO NOT WRITE IN THIS SPACE SEA GIRT NJ 08750 3. Date Incorporated or Qualified 10/17/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 <u> 13-3854871</u> Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zio Country Country Zio 8. This corporation owes or has paid the current year lotangible No. Yes 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 81 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 105 83 TALLAHASSEE FL 32301 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 horeby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pricted name of registored agent and title if applicable INOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1,1 TITLE TAWIL, SAUL R 1.2 NAME NAME C/O PLAY KNITS/ 240 WEST 40TH STREET STREET ADDRESS 1.3 STREET ADDRESS **NEW YORK NY 10018** CITY-ST-ZIP 1.4 CITY - ST - ZIP Change DELETE 2.1 TITLE Addition **SUTTON, SHARON** 22 NAME NAME C/O PLAY KNITS/ 240 WEST 40TH STREET STREET ADORESS 2.3 STREET ADDRESS **NEW YORK NY 10018** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE SITT, MARILYN NAME 3.2 NAME C/O PLAY KNITS/ 240 WEST 40TH STREET STREET ADDRESS 3.3 STHEET ADDRESS NEW YORK NY 10018 CITY - ST - ZIP 3.4. CITY - S1 - ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-\$1-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST- ZIP CITY-ST-7IP

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 armual 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 of 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 in an attachment with an address.

212/361-0120

7/2/98