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Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J55832

(6)

1. Corporation Name  
FIBERWASH, INC.



Principal Place of Business  
6937 HERITAGE DR.  
PORT ST. LUCIE FL 34952

Mailing Address  
6937 HERITAGE DR.  
PORT ST. LUCIE FL 34952-8228

2. Principal Place of Business  
21 1951 SW DAY ST

2a. Mailing Address  
26 1951 SW DAY ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
23 PORT ST LUCIE, FL

City & State  
28 PORT ST LUCIE, FL

Zip  
24 34953

Country  
25 ST LUCIE

Zip  
29 34953

Country  
30 ST LUCIE

9. Name and Address of Current Registered Agent

LACUGNA, VINCENT F  
6937 HERITAGE DRIVE  
PORT ST. LUCIE FL 34952

81 Name

LACUGNA, VINCENT F.

82 Street Address (P.O. Box Number is Not Acceptable)

1951 SW DAY ST.

83

84 City

PORT ST LUCIE,

FL

85 Zip Code  
34953

10. Name and Address of New Registered Agent

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 hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME LACUGNA, VINCENT F  
STREET ADDRESS 6937 HERITAGE DR.  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 1951 SW DAY ST.  
1.4 CITY-ST-ZIP PORT ST LUCIE, FL 34953

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

561-879-9396

CR2E034 (9/96)