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

Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT
1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M62348

WASHINGTON GARDENS, INC.

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90153 007 ***150.00

|--|

1228 ALTON RO MIAME BEACH F US	ALTON ROAD 1 BEACH FL 33139 MIAMI BEACH FL 33139 US			DO NOT WRITE IN TH 3. Date incorporated or Qualifed	IS SPACE
				11/12/1987	
2. Principal Pla	ace of Business	2a. Mailing Address	<u> </u>	4. FEI Number	Applied For
21		26		65-0020125	Not Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	<u> </u>	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Z _{IP} 3	Country 0	This corporation owes the current year learning Personal Property Tax.	Intangible
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registere	d Agent
	E, LEO, JR. 3RD AVE		81 Name Res 82 Street A 122	nick James ddress (PO. Box Number is Not Acceptable) 8 Alton Road	
STE	2400		83		
MAM	N FL 33131		84 City Mia	mi Beach F	85 Zip Code 33139
agent. I an	n familiar with, and accept the obliga	ations of, Section 607 0505, Florid	, the above-named c horized by the corpor la Statutes	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its registered pointment as registered
SIGNATURE		TAMES KESHICK nt and title if applicable (NOTE R	egistered Agent signature reg	bured when reinstating) DATE	1-14
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	X DELETE	1 1 TITLE	PD	Change Acdition
NAME	RESNICK, ABE.		1.2 NAME	Resnick,Sara	
STREET ADDRESS	1228 ALTON RD		13 STREET ADDRESS	1228 Alton Road	
	MIAMI BEACH FL		1.4 CITY-ST-ZiP	Miami Beach, Fl. 331	39
CITY-ST-ZIP TITLE	SD SD	☐ DELETE	21 DILE		☐ Change ☐ Acdition
NAME	RESNICK, JAMES		2.2 NAME		
	1228 ALTON ROAD		2 3 STREET ADDRESS		
STREET ADDRESS			2 4 CITY-ST-212		
CITY-ST-ZIP	MIAMI BEACH FL		31 TITLE		Charige Addition
TITLE		C. SCCC.	32 NAME		
NAME			H		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP		DELETE	34 CITY+ST-ZIP 41 TITLE		Change Addition
TITLE		C; Delete	K I		(
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		1
CITY-ST-ZIP			14 CITY-ST-ZiP		Change Addition
TITLE		□ DELETE	5 1 7/1LE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		OELETE	61 TITLE		Change Addition
NAME			62NAME		
STREET ADDRESS			63 STREET ADDRESS		
			II		

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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changila. It is an an attachment with an address, with all other like empowered

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3-15-99

307<u>-6734481</u> Dafamie Phone # CR2E034 (11/98