

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000050233 (3)**

1. Corporation Name

WASHINGTON STREET INVESTMENTS, INC.



Principal Place of Business	Mailing Address
2265 LEE ROAD SUITE 111 WINTER PARK FL 32789	2265 LEE ROAD SUITE 111 WINTER PARK FL 32789

3. Date Incorporated or Qualified 07/01/1994	3a. Date of Last Report 05/01/1995
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21. Principal Place of Business 11660 LEE ROAD	2a. Mailing Address 11660 LEE ROAD
22. Suite, Ap., #, etc.	27. Suite, Apt. #, etc.
23. City & State WINTER PARK FL	28. City & State WINTER PARK FL
24. Zip 32789	25. Country US
29. Zip 32789	30. Country US

4. FEI Number 59-3263201	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HOEPKER, TODD M ESQ.
BAKER & HOSTETLER
2300 SUNBANK CENTER, 23RD FLOOR
ORLANDO FL 32802**

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GILLESPIE, ROBERT	
STREET ADDRESS	2265 LEE ROAD, SUITE 111	
CITY - ST - ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLAMPER, JAC	
STREET ADDRESS	2265 LEE ROAD, SUITE 111	
CITY - ST - ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert Gillespie	
1.3 STREET ADDRESS	1660 LEE ROAD	
1.4 CITY - ST - ZIP	WINTER PARK, FL 32789	
2.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JAC Klamper	
2.3 STREET ADDRESS	1660 LEE ROAD	
2.4 CITY - ST - ZIP	WINTER PARK, FL 32789	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Todd M Hoepker* **4/18/96** (407) 644-0740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE District Phone #

CR2E034 (12/95)