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FILED

**May 15 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 # P94000050233 (3)

1. Corporation Name
WASHINGTON STREET INVESTMENTS, INC.



Principal Place of Business Mailing Address
1660 LEE ROAD SUITE 111 WINTER PARK FL 32789 US

3. Date Incorporated or Qualified **07/01/1994** 3a. Date of Last Report **04/23/1996**

2. Principal Place of Business 2a. Mailing Address
21 **1660 Lee Road** 26 **1660 LEE ROAD**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **59-3263201** Applied For Not Applicable

22 City & State 27 City & State
23 **Winter Park FL** 28 **Winter Park FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24 Zip **32789** 25 Country **US** 29 Zip **32789** 30 Country **US**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 **Todd M. Hoepker P.A.**
82 Street Address (P.O. Box Number is Not Acceptable) **250 North Orange Ave**
83 **Suite 1700**
84 City **ORLANDO** FL 85 Zip Code **32801**

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 reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	GILLESPIE, ROBERT	
STREET ADDRESS	1660 LEE ROAD00	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KLAMPER, JAC	
STREET ADDRESS	1660 LEE ROAD	
CITY-ST-ZIP	WINTER PARK FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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 on an attachment with an address.

SIGNATURE: *[Signature]* 4/30/97 427-1111-2711

CR2E034 (9/96)