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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000052638**1. Corporation Name

WASHINGTON BOULEVARD ASSOCIATES, INC.

Principal Place	e of Business	Mailing Address					
% DANIEL KAN	E	% DANIEL KANE					
1127 WESTWAY DRIVE		1127 WESTWAY DRIVE			DO NOT WRITE IN THIS SPACE		
SARASOTA FL	34236	SARASOTA FL 34236					
					3. Date Incorporated or Qualifed		Ì
					07/15/1994 4. FEI Number		-tipel For
2. Principal Pl	ace of Business	2a. Mailing Address				<u> </u>	plied For
21		26			65-0508715		t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 / Fee Re	
22		27					
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	, I
		28	Zip Country		Trust Fund Contribution	Added	lo rees
Zip ──			\neg	У	8. This corporation owes the current ye	ar Intangible	□No
24	25		0	_	Personal Property Tax. 10. Name and Address of New Regist		
	9. Name and Address of Curre	ent Registered Agent	8	Name	10. Name and Address of New Regis	ereu Agent	
KVM	C DANIEL		"	Name			
Kane, daniel 1127 Westway Dr.			82 Street Ad		Address (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34236							
SAR	ASUIA FL 34236		8:	3			ļ
			8-	City		FL 85 Zip (Code
			46				rogistered
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was aut	horized b	y the corpo	corporation submits this statement for the purporation's board of directors. I hereby accept the	appointment as re	gistered
SIGNATURE			_				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg				ent signature re	quired when reinstating) DA		NDO 111 40
12.		AND DIRECTORS	13.	—	ADDITIONS/CHANGES TO OFFICE	Change	Addition
TITLE	PD	☐ DELETÉ	1.1 TITLE			C] Change	Addition
NAME	KANE, DANIEL		1.2 NAME				ļ
STREET ADDRESS	1127 WESTWAY DRIVE		1.3 STRE	T ADDRESS			
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-	ST-ZIP			
TITLE	VSTD	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	KANE, STANLEY B		2.2 NAME		•		
STREET ADDRESS	539 NORSOTA WAY		2.3 STRE	ET ADDRESS		·	- 1
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY	ST-ZIP			
TITLE	VP	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	RAFFIA, MICHAEL J		3.2 NAME)
STREET ADDRESS	113 LONGFELLOW ST	3.33		ET ADORESS			
CITY-ST-ZIP	HARTSDALE NY 3.4.		3.4. CITY-	ST-ZIP			
TITLE	AS	☐ DELETE 4.11				XX Change	☐ Addition
NAME	BASCH, SHELDON		4. 2 NAMI	:	Assistant Secretary Basch, Sheldon		
STREET ADDRESS	84 EVANDALE RD		4.3 STRE	ET ADDRESS	184 Evandale Road		
CITY-ST-ZIP	SCARSDALE NY			ST-ZIP	Scarsdale, NY 10583	_	
TITLE	we wer 17 harders thelip 1773	DELETE 5.1TI			a.ı 3001E-, N.I. 10303	Change	Addition
NAME		_	5.2 NAME	1		_	j
				ET ADDRESS			
STREET ADDRESS			5.4 CITY-				ļ
CITY-ST-ZIP TITLE	-Zir		6.1 TITLE			[] Change	Addition
			6.2 NAME				_
NAME			- C.C. (P DAIL				
STREET ADDRESS			63 STDE	ET ADDRESS			I

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 changed, or on an apachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 388-2288

Daytime Phone #