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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500005458 (1)

SOAPY SUDS, INC.

Propried Proprie	d Rusmace	Mailing Address			
Principal Prace of Business 832 NO. FEDERAL HIGHWAY		B32 NO. FEDERAL HIGHY	WAY	"	
POMPANO FL 330		POMPANO FL 33062-4316			
				3. Date Incorporated or Qualified 01/20/1995	3a. Date of Last Report 04/19/1996
2, Principal Plac	e of Business	2a. Mailing Address		4. FEI Number	Applied For
21		Suite, Apt. #, etc	***************************************	65-0555293	Not Applicable
Suite, Apt #, •	EIG	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	1.14	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζφ	Country	Zıp	Country	8. This corporation has liability for in	itangible tax under s. 199.032,
24	25	29	30		Yes No
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Reg	istered Agent
	ERG, JEFFREY		81 Name		
	SHERIDAN STREET STE. 300)	82 Street Add	dress (P.O. Box Number is Not Acceptable	e)
HOLLY	WOOD FL 33021		83		
			63		
			84 City		FL 85 Zip Code
44 Chica work to 1	the provinces of Costions 607.0	502 and 607 1509 Florido State	itos, the phone named nor	rporation submits this statement for the pu	
Office or regi	istered agent, or both, in the Sta familiar with, and accept the obl	ite of Florida. Such change was ligations of, Section 607,0505, F	authorized by the corporationida Statutes.	ation's board of directors. I hereby accept	t the appointment as registered
20HATHER		1			
SIGNATURE Sign	gradate - typica or printed dame of registared a	agent and toe if applicable (NC	PTE: Registered Agent signature rego	uired when reinstaling)	DATE DIPERTORS IN 10
SIGNATURE Signature	OFFICERS A	agent and the it applicable (NC ND DIRECTORS	PIE: Registered Agent signature requ		ERS AND DIRECTORS IN 12
SIGNATURE Signature 112.	OFFICERS A	agent and toe if applicable (NC	13. 1.1 TITLE	uired when reinstaling)	
SIGNATURE Support Supp	OFFICERS A D FREY, DONALD	agent and the it applicable (NC ND DIRECTORS	D1E: Registered Agent signature requirements 13. 1.1 TITLE 1.2 NAME	uired when reinstaling)	ERS AND DIRECTORS IN 12
SIGNATURE S9 12. THE NAME STREET ANDRESS	OFFICERS A D FREY, DONALD 333 SE 11TH AVE APT. 201	agent and the it applicable (NC ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstaling)	ERS AND DIRECTORS IN 12
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SIGNATURE S9 12. THE NAME STREET ANDRESS COVESTORE SECTION	OFFICERS A D FREY, DONALD 333 SE 11TH AVE APT. 201	eginit and toe if applicable (NC NDD DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	uired when reinstaling)	ERS AND DIRECTORS IN 12 Change Addition
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SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-97 (454) 796-8437

FILED

Apr 11 1997 8:00am

Secretary of State