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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 06 1997 8:00am

Secretary of State

954. 456.0783

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000089056 (2)

WASH WITH US, INC.

Principal Place of Business

SIGNATURE:

933 OLD FEDERDAL HIGHWAY HALLANDALE F 33009 US		933 OLD FEDERAL HIGHWAY HALLANDALE FL 33009-7129 US							
						3. Date Incorporated or Qualified 11/21/1995		ate of Last Re 01/1996	eport
2. Principal Pl	lace of Business	2a. Mailing Address 26 Suite, Apt. #, etc.			4. FEI Number 65-0625701		 	pplied For at Applicable	
Suite Apt	#. etc.				5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State	е	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Ζφ [4]	Country 25	Ζιρ 29	30 Cou	intry			Yes	☐ No	199.032,
	9. Name and Address of Current	Registered Agent		64		10. Name and Address of New Re	gistered	Agent	
	N, DAPHNE			81	Name				
	N.W. 195TH AVENUE BROKE PINES FL 33029			82	Street Add	dress (P.O. Box Number is Not Acceptat	ole)		
FEMI	PHONE FINES PL 33028			83					
				84	City			85 Zip (Code
					,		FL	•]	
office or n	to the provisions of Sections 607.0502 egistered agent, or both in the State m familiar with, and accept the obliga	of Fiorida. Such change was	authorize	d by	the corpora	rporation submits this statement for the patients board of directors. I hereby accept	ourpose o of the ap	of changing it pointment as	s registered registered
SIGNATURE	Signar April or promodunitor of regularios ages	Land the if applicable (NO	TE Hogistere	с Адғ	nt signature req	uired when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	CERS AN		
TITLE	PVST Lyew, Daphne	[_] DELETE	1.1 Ti					Change	Addition
NAME	310 N.W. 195TH AVE.		1.2 N						
STREET ADDRESS	PEMBROKE PINES FL 33029				ADDRESS				
COTY - ST- 70P TOTUE	D	DELETE	2.1 Ti		T · ZIP			Change	Addition
NAME	LYEW, DAPHNE	C PECCIE	2.2 N					C coming	
STREET ADDRESSS	310 N.W. 195TH AVE.				ADDRESS				
CITY - ST ZIP	PEMBROKE PINES FL 33029				ST - ZIP				
TIME		☐ DELETE	3.1 TI					Change	Addition
NAME			3.2 N	AME					
STREET FADORESS			33S	TREET	ADDRESS				
Olivi Si Ziji					ST-ZIP				-
Tifuf		☐ DELETE	4.1 11					Change	Addition
NAME			4.2 N						
STREET ALSOFIESS			l l		ADDRESS				
OTY-ST 70°		DELETE	4.4 C 5 1 Ti		it-ZiP			Change	Addition
TUGE NAME		Land Octob	5.2 N					— onange	LLI FIGURIOR
STEEL LACURESS					ADDRESS				
OTY-ST-ZIP					iT-ZIP				
TIFLE		DELETE	6.1 TI					Change	Addition
NAME			6.2 N	AME				-	
STEEL LAIGURESS					AODRESS				
City-St-ZiP			6.4 C	1 <u>7</u> Y-\$	iT - ZIP				
14. I do heret	by certify that the information supplied	t with this filing does not qua	lify for the	exe	mption state	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega	s. I furthe	er certify that	the
Lamar o	m indicated on this annual report or s iff our or director of the corporation or ir Block 12 or Biock 13 if changed, or	the receiver or trustee empo	wered to e	BX 8 C	cute this rep	ort as required by Chapter 607, Florida s	Statutes;	and that my r	iame