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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1 11 COIPCIGIO	MENT # P9600 0 WASH III, INC.	0012056 (3)	(
Principal Plac	e of Business	Mailing Address		- i ieaviaav ilb loina ainii aenii banii davii aenbi u	### FAEAN ##AEA ##### #### ####
1325 SEMOR		1325 SEMORAN BLVD			
CASSELBERF		CASSELBERRY FL 3270	,		
1				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
2 Principal F	Place of Business	2a. Mailing Address		02/05/1996 4. FEI Number	Applied For
21	labe of Basimoos	26		59-3363431	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State	***	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the ci	
24	25 9. Name and Address of Curren	1 Contacted Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
		r Hedistelen Wastit	81 Name		i Agent
AFON O LIG 47 ON			1 PA	UL BRADLRY	
FERN PARK FL 32730			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
,	and the octoo		83	3 January 181012	
ļ			24 0		[] 71- O-4-
			84 City CA	35RLBERRY FI	2ip Code 7
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 regist 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 register agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.					
agent. I s	registered agent, or both, in the State im lamiliar with, and accept the obliga	ations of Section 607.0505, FI	authorized by the corporal orida Statutes.	tion's board of directors. Thereby accept the ap	pointiment as registered
SIGNATURE	PAUL BRADLRY Signature, typed or printed name of registered age	Resident	7 - 55	1/18	498
			E: Registered Agent signature requi		D DIDEOTORS IN 40
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO DEELCERS AN	Change Addition
NAME	BRADLEY, PAUL		1.2 NAME		
STREET ADDRESS	1325 SEMORAN BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL 32707		1.4 CITY-ST-ZIP		
TITLE	VSD	DELETE	21 TITLE		Change Addition
NAME	BARRETT, JACK N		2.2 NAME		
STREET ADDRESS	1325 SEMORAN BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL 32707		2. 4 CITY - ST - ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ARNOLD, HUGH		3.2 NAME		
STREET ADDRESS	1325 SEMORAN BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL 32707	DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		L'1 DECEIG	4.1 TITLE		ш стманде ш жашиол
NAME STREET ADORESS			4. 2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELET€	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
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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 attachment with an address.

FILED

Jan 21 1998 8:00am

Secretary of State