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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18 1997 8:00am

Sandra B. Mortham

	JAL REPORT Secretary of State 1997 DIVISION OF CORPORATION:				Secretary of State			
	MENT # P9600 (E WASHING, INC.	0024476	(9)					
Principal Place of Business Mailing Address								
1100 SOUTHEAST 5TH COURT. #78 1100 SOUTHEAST 5TH COUR POMPANO BEACH FL 33060 POMPANO BEACH FL 330604				·				
					3. Date incorporated or Qualified 03/19/1996	3a. Date of Last Rep 5-1-96		
-	lace of Business	2a. Mailing Addre	\$\$		4.) FEI Number 65-065/079		tied For	
26 Suite, Apt. #, etc Suite, A			Apt. #, etc.		63-0637077	CO 75	Applicable	
22 27			. ,		5. Certificate of Status Desired	Fee Req		
City & State	9	City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for i			
24	25	29	30			Yes No		
9. Name and Address of Current Registered Agent AMEDI AWVED CHADTEDED 81 Name					10. Name and Address of New Registered Agent			
AMERILAWYER CHARTERED 343 ALMERIA AVENUE				MR	. Chris JORDA	N CPA		
CORAL GABLES FL 33134				82 Street Add	tress (P.O. Box Number is Not Accepted	# LANE	ĺ	
			Ī	83	, - O	<u></u>		
			<u>-</u>	84 City 、		85 Zip Co	ode .	
					mi LAKES	FL 334	914	
11. Pursuant I office or re	to the provisions of Sections 607.056 egistered agent, or both, in the State	02 and 607.1508, Florida e of Florida, Such chang	a Statutes, the ab e was authorized	ove-named cor by the corpora	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing its of the appointment as re	registered egistered	
agent La	m familiar with, and accept the oblig	gations of, Section 607.0	505, Florida Star	ites.		-10-97		
SIGNATURE	Signature: typed or printed name of registered ag	ect and tire if applicable	(NOTF: Rog stered	Agen' supature requ	ired when reinstating)	DATE		
12.		ID DIRECTORS	13.	············	ADDITIONS/CHANGES TO OFFIC			
TIPLE	PD BANDUS CHADIENE VON	☐ DEL				Change	Addition	
NAME	BAMPUS, CHARLENE VON 1100 SOUTHEAST 5TH COURT, #79		1.2 NAI					
STREET ADDRESS CITY+ST+ZIP	POMPANO BEACH FL 33060	11, 7/8		EET ADDRESS				
TITLE	STD DELETE			Y - ST - ZIP F		Change	Addition	
NAME	YOUNT, DEBORAH		22 NA					
STREET ADDRESS	1100 SOUTHEAST 5TH COUF	RT, #79		EET ADDRESS				
CI-Y-ST-ZIP	POMPANO BEACH FL 33060		2 4 CI	Y-ST-ZIP		**		
TITLE		DEL	ETE 31 TITO	.E		☐ Change	Addition	
NAME			3.2 NAM					
STREET ADDRESS				EET ADDRESS				
CITY-ST-7IP TITLE		☐ DEL		Y-ST-ZIP		☐ Change	Addition	
NAME			4.1 IIIL			□ crange	L Addition	
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				r - ST - ZIP				
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DEL				☐ Change	Addition	
NAME			5.2 NAt	AE				
STREET ADDRESS			5.3 STR	EET ADDRESS				
CITY - ST - ZIP				Y - ST - ZIP			1100	
TITLE		☐ DEL		1		Change	Addition	
NAME CTOCET ADDRESS			6.2 NAN					
STREET ADDRESS				EET ADDRESS				
CHY-ST-7IP			64 CITY	r-ST-ZIP				

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, or on an attachment with an address.