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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| ### Address Mailing Address #### AD E OAKLAND PARK BLVD. FT LAUDERDALE FL #### AD E OAKLAND PARK BLVD. FT LAUDERDALE FL #### DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified O1/22/1997 3. Date Incorporated or Qualified O1/22/1997 4. FEI Number | UCCUMENT # P97 1. Corporation Name WASH-O-TERIA, INC. | 000008374 (5 | 5) | | | 16 |
|--|--|---|---|--|---|---|
| Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. City & State 2d. City & State 2d. Country 2d. Personal Property Tax due June 30. 2d. Personal Property Tax due June 30. 2d. Very State 2e. Country 2f. Coun | Principal Place of Business | Mailing Address | | | I LEGITION HA NOVI NODILI BOTH BONK DONN 30111 BB | 181 1818 4 11111 18811 6181 1 881 |
| 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. FEI Number 4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 7. Suite, Apt. #, etc. 8. | | | | | DO NOT WRITE IN THIS SPACE | |
| Suite, Apt #, etc Suite, Apt #, etc City & State City & State Country Zip Country Zip Country Zip Country Suite, Apt #, etc. Suite, Apt #, etc. City & State City & State Country Zip Country Zip Country Suite, Apt #, etc. City & State City & State Country Zip Country Suite, Apt #, etc. City & State City & State Country Zip Country Suite, Apt #, etc. City & State City & State Country Suite, Apt #, etc. Suite, Apt #, etc. Country Suite, Apt #, etc. Country Suite, Apt #, etc. Suite, Apt #, etc. Country Suite, Apt #, etc. Suite, Apt #, etc. Country Suite, Apt #, etc. Suite, | | | | | 01/22/1997 | |
| Suite, Apt. #, etc. 22 City & State Country Registered Agent DE SCHRYVER, ILSE 3115 KAREN DRIVE DELRAY BEACH FL 33483 City FL 85 Zip Country Registered Agent City FL 85 Zip Country Country Registered Agent City FL 85 Zip Country Country Registered Agent City FL 85 Zip Country City FL 85 Zip Country Country Registered Agent City FL 85 Zip Country City | <u> </u> | <u>├</u> ¬ | | | 4. FEI Number 65-0732803 | Applied For Not Applicable |
| 28 Trust Fund Contribution Added Zip Country Zip Country 25 29 30 Personal Property Tax due June 30. Yes Interest Agent DE SCHRYVER, ILSE 3115 KAREN DRIVE DELRAY BEACH FL 33483 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Zip Country 84 City FL 85 Zip Country 85 Zip Country 86 City FL 85 Zip Country 87 Trust Fund Contribution Added Trust Fund Contribution Added Trust Fund Contribution Added Trust Fund Contribution 85 This corporation owes or has paid the currept year Int Personal Property Tax due June 30. Yes Int Personal Property Tax due June 30. Ye | | | - - | | | \$8.75 Additional Fee Required |
| 25 29 30 Personal Property Tax due June 30. Ves Description of the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing it 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 agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | h— | <u>, , , , , , , , , , , , , , , , , , , </u> | | | \$5.00 May Be Added to Fees |
| DE SCHRYVER, ILISE 3115 KAREN DRIVE DELRAY BEACH FL 33483 81 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip 0 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 it 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 agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | <u> </u> | ├ ¬ "" | — | untry | | |
| 3115 KAREN DRIVE DELRAY BEACH FL 33483 82 Street Address (P.O. Box Number is Not Acceptable) 83 | 9, Name and Address of | Current Registered Agent | · · · · · · · · · · · · · · · · · · · | | | |
| 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 it 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | 3115 KAREN DRIVE | | | 82 Street Address (P.O. Box Number is Not Acceptable) 83 | | |
| SIGNATURE Signature types for protect have our registered agent enable in apply able (NOTE Registered Agent signature regulated when reinstating) DATE | office or registered agent, or both, in the agent I am familiar with, and accept the SIGNATURE | ne State of Florida, Such change wa ne obligations of, Section 607.0505, | as authorize , Florida Sta | d by the corpora tutes. | rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap | of changing its registered |

| SIGNATURE | Signature typed or printed harve of registered agent and title if applicable | (NOTE B | Registered Agent signature rec | quired when reinstating) DATE | |
|----------------|--|----------|--------------------------------|---|------------|
| 12. | OFFICERS AND DIRECTORS | (NOTE II | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTO | RS IN 12 |
| TITLE | D | DELETE | 1.1 TITLE | Change | ☐ Addition |
| NAME | DE SCHRYVER, ILISE | | 1,2 NAME | | |
| STREET ADDRESS | 3115 KAREN DRIVE | | 1,3 STREET ADDRESS | | |
| CITY-ST-ZIP | DELRAY BEACH FL 33483 | | 1.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 2 1 TITLE | Change | Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 2. 4 CITY - ST - ZIP | | |
| TITLE | | DELETE | 3.1 TITLE | Change | Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | |
| TITLE | | DELETE | 4.1 TITLE | Change | Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 | | Ì | 54 CITY-ST-ZIP | | |
| TITLE | | DELETE | 6.1 TITLE | Change | Addition |
| NAME . | | | 6.2 NAME | | |
| STREET ADDRESS | 5 | ľ | 6 3 STREET ADDRESS | | |
| CITY ST. 7IP | • | | SACITY ST 7ID | | |

14. Thereby 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted, or on an attachment with an address.

FILED

Apr 30 1998 8:00am

Secretary of State