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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90077 011 ***150.00

DOCUMENT # P98000076589 1. Corporation Name WASHINGTON 234 CORP.					. : 00.0041 10.4141 10.11 00.11 00.11 00.11 00.11 10.11 10.11 10.11 10.11 10.11 10.11	a1 8	(8128 1011 186)
	•						
Principal Place of Business Mailing Address						### #! B B B#	0 \$ \$E\$ (88
THERREL BAISDEN, P.A. THERREL BAISDEN, P.A.							
ONE S.E. 3RD AVENUE #2400 ONE S.E. 3RD AVENUE #240 MIAMI FL 33131 MIAMI FL 33131			00		DO NOT WRITE IN THIS S	SPACE	
MIAMI FL 33131		MIMMI FE 33131			3. Date Incorporated or Qualifed		······································
					09/01/1998	•	
Principal Place of Business Za. Mailing Address					4. FEI Number	_ 	plied For
21 26					65-0864418		t Applicable
		Suite, Apt. #, etc.	, etc.		5. Certifcate of Status Desired	\$8.75 A	
22					C. Election Compaign Financing	\$5.00	<u> </u>
	28			6: Election Campaign Financing—	Added to		
Zip				y	8. This corporation owes the current year Inta	_	
24	25 29 30		<u> </u>		1 **		□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	.gent	
500	E 150 ID		8	1 Name		_	
ROSE, LEO JR.			8	2 Street A	ddress (P.O. Box Number is Not Acceptable)	_	
THERREL BAISDEN, P.A.			8	-			
ONE S.E. 3RD AVENUE #2400 MIAMI FL 33131			•	3			
, interest	11 1 2 35 15 1		8	4 City	FL	85 Zip C	Code
14 Purcuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the abo	 ve-named ca		hanging its	registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was auth	norized b	y the corpor	orporation submits this statement for the purpose of cation's board of directors. I hereby accept the appoin	tment as reç	gistered
4	in familiar with and accept the outday	College Colleg			3/30/9	9	
SIGNATURE	Signature, typed or printed fame or lagistered agen	and title if applicable. (NOTE: Re	egistered Ag	ent signature req	uired when reinstating) DA/E		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	
TITLE	D - VICE PASS	DELETE 1.1 TIT				Change	Addition Addition
NAME	RESNICK, JIMMY		1.2 NAME				
STREET ADDRESS	TEEO TETOTO TOTO			ET ADDRESS			
C/TY-ST-ZIP	MIAMI BEACH FL 33139	EACH FL 33139 14.0 □ DELETE 2.11		ST-ZIP		Change	Addition
TITLE NAME	DUNAEVSKY DOV	22 N		1		_ •	_
STREET ADDRESS	bolivieron, bor			ET ADDRESS			
CITY-ST-ZIP			2.4 CITY	-ST-ZIP			
TITLE			3.1 TITLE			Change	. Addition
NAME			3.2 NAME				
STREET ADDRESS	•		3.3 STRE	ET ADDRESS			ļ
CITY-ST-ZIP			3.4. CITY				Prof. a statistics
TITLE			4.1 TITLE			Change	Addition
NAME		4.2 N					
STREET ADDRESS			4.3 STREE				
CITY-ST-ZIP		☐ DELETE	4.4 CITY- 5.1 TITLE			Change	€
NAME			5.2 NAME		•	, •	. —
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP		5.4 (ST-ZIP			
TITLE		☐ DELETE 6.1 T				☐ Change	Addition
NAME			6.2 NAME			•	,
STREET ADDRESS	,	•	6.3 STRE	ET ADDRESS			
CITY-ST-ZIP			6.4 CITY	ST-ZIP			

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 changes or optimal attachment with an address, with all other like empowered.

SIGNATURE: