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

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90046 031 ***158.75

1. Corporation		3	1					
WASH B	OWL. INC.							Ant Asam (==)
		-						e n 1111 (111
	<u> </u>		_			-	818 \$48 \$18 \$1	DI I BIBIN IBBI
Principal Place	,	Mailing Address						
7144 KIMBERLY BLVD. 7144 KIMBERLY BLVD. NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 3306				60			1	
NORTH LAUDER	ADACE PL 33008	MORTH DAUDERDALE FL 530	100			DO NOT WRITE IN THE	S SPACE	
						3. Date Incorporated or Qualifed		
						10/07/1991		
2. Principal Place of Business 2a. Mailing Address			4/10			4. FEI.Number	ļ	lied For-
			Aboul			65-0289458	\$8.75 A	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee Re	
City & State		City & State				6. Election Campaign Financing	\$5.00	
23		28	_			Trust Fund Contribution	Added to	
Zip	Country .	Zip	Cour	ntry		8. This corporation owes the current year li	ntangible	
24	25	29 3	.0			Personal Property Tax.		©No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	d Agent	
ÉISKÓWITZ, LESLIE				81	Name			{
				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
:11371 N.W. 37 ST. :SUNRISE FL 33323				83				
· 2014	NISE 1 E 33323		ĺ	83				
			ţ	84	City	F	85 Zip C	ode
office or n agent. I an SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida. Such change was aut ations of, Section 607.0505, Florid	hолzеd la Statu	iby th ites.	ie corporation	ration submits this statement for the purpose on's board of directors. I hereby accept the appropriate the purpose of the purp	ointment as reg	JISTEFEG
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	Р	☐ DELETE	1.1 TIT	LE			Change	Addition
NAME	EISKOWITZ, LESLIE		1.2 NA	1.2 NAME				_ [
STREET ADDRESS				REETA	DDRESS			
CITY-ST-ZIP				TY-ST-	ZIP			☐ A deltales
TITLE				LE		•	Change	☐ Addition
NAME	HANDGE, OHANEEO			ME				
STREET ADDRESS				2.3 STREET ADDRESS			,	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312			2.4 CITY-ST-ZIP 3.1 TITLE			☐ Change	Addition
TITLE) beccie			3.2 NAME				
NAME					DORESS			
STREET ADDRESS								
CITY-ST-ZIP	DELETE			3.4. CITY-ST-ZIP 4.1 πτLE			Change	Addition
NAME			4. 2 NA	AME	ļ			ļ
STREET ADDRESS					DDRESS			
CITY-ST-ZIP			4.4 CIT	TY-ST-	ZIP			
TITLE		DELETE	5.1 T∏	RΕ			Change	☐ Addition
NAME :			5.2 NA					
STREET ADDRESS	, ,				DDRESS		•	
CITY-ST-ZIP				ry-st-	ZIP			Malatica and
TITLE	, ,	☐ DELETE	6.1 TII				Change	☐ Addition

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Under Jandgoric La Elong Strandy c