FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL -3 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S 89855 AMENDED

1. Corporation Name
WASHINGTON COURT INC

Principal Place of Business / Mailing Address
5013 BERMUDA CIRCLE
ORLANDO, FLORDIA 32808

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 503 BERMUDA CIRCLE
Suite, Apt. #, etc.
22 ORLANDO, FLORDIA
City & State
23 32808 USA
Zip / Country
24 25

2a. Mailing Address
26 5013 BERMOD A CIRCLE
Suite, Apt. #, etc.
27 ORLANDO, FLA.
City & State
28 32808 U.S.A
Zip / Country
29 30

3. Date Incorporated or Qualified: 10-25-1991
3a. Date of Last Report
4. FEI Number: 59-309-2807 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
ANTHONY V. ABRIOLA
5013 BERMUDA CIRCLE
ORLANDO, FLORDIA 32808

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	ANTHONY V. ABRIOLA
STREET ADDRESS	5013 BERMUDA CIRCLE
CITY-ST-ZIP	ORLANDO, FLORDIA 32808
TITLE	SECTARY/TREASURER
NAME	VIOLET E ABRIOLA
STREET ADDRESS	5013 BERMUDA CIRCLE
CITY-ST-ZIP	ORLANDO, FLA. 32808
TITLE	DELETE ALL OTHER
NAME	OFFICERS AND DIRECTORS
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP (1)		☐ Change ☐ Addition
(2)	100001532501 -07/07/95--01060--022 *****61.25 *****61.25	☐ Change ☐ Addition
(3)		☐ Change ☐ Addition
(4)		☐ Change ☐ Addition
(5)		☐ Change ☐ Addition
(6)		☐ Change ☐ Addition

TLS 7/3/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Anthony V. Abriola President ANTHONY V. ABRIOLA PRESIDENT 3-6-1995 407-299-1934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #