

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P20435 (4)**  
1. Corporation Name  
**AGLOW INTERNATIONAL, INCORPORATED**



Principal Place of Business <b>152-3RD AVE SO STE 100 EDMONDS WA 98020 US</b>	Mailing Address <b>EDMONDS, WA LYNNWOOD WA 98020 US</b>
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3. Date Incorporated or Qualified <b>08/10/1988</b>	
4. FEI Number <b>23-7275330</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**COOK, PATRICIA  
749 NW PICNIC ST  
PT CHARLOTTE FL 33952**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> Zip Code <b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HANSEN, JANE</b>	
STREET ADDRESS	<b>9138 180TH PL., SW</b>	
CITY-ST-ZIP	<b>EDMONDS WA 98026-5748</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>Laurie Lischke</b>	
STREET ADDRESS	<b>18705 58TH AVE W</b>	
CITY-ST-ZIP	<b>LYNNWOOD WA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>FINK, DEE</b>	
STREET ADDRESS	<b>1410 126TH ST. SE</b>	
CITY-ST-ZIP	<b>EVERETT WA 98208</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>ROGERS, KAY</b>	
STREET ADDRESS	<b>14603 WEST 40TH AVE</b>	
CITY-ST-ZIP	<b>LYNNWOOD WA 98037</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RUTH FRIESEN</b>	
STREET ADDRESS	<b>342 MARINO DR N</b>	
CITY-ST-ZIP	<b>SALEM OR</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BYERLY, BOBBYE</b>	
STREET ADDRESS	<b>2717 144TH CT SE</b>	
CITY-ST-ZIP	<b>MILL CREEK WA 98012</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>98037-8303</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Fink, Diane</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Beth Alves</b>
5.3 STREET ADDRESS	<b>314 E. Ammann Rd.</b>
5.4 CITY-ST-ZIP	<b>Bulverde, TX 78163</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Mary Lance Sisk</b>
6.3 STREET ADDRESS	<b>5526 Five Knolls Dr.</b>
6.4 CITY-ST-ZIP	<b>Charlotte, NC 28226</b>

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ **3/2/98** (425-775-7282)

CR2E037 (10/97)