


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 15, 1999 8:00am
Secretary of State

02-15-1999 90015 043 *****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P20435

1. Corporation Name
AGLOW INTERNATIONAL, INCORPORATED

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| Principal Place of Business 152-3RD AVE SO STE 103 EDMONDS WA 98020 US | Mailing Address P.O. BOX 1749 EDMONDS WA 98020-1749 US |
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|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 08/10/1988 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 23-7275330 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip Country 24 25 | Zip Country 29 30 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | |
|---|---|
| 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 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HANSEN, JANE | 1.2 NAME | |
| STREET ADDRESS | 9138 186TH PL., SW | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | EDMONDS WA 98026-5748 | 1.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Laurie Lischke | 2.2 NAME | |
| STREET ADDRESS | 16705 58TH AVE W | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LYNNWOOD WA 98037-8303 | 2.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FINK, DIANE | 3.2 NAME | |
| STREET ADDRESS | 1410 126TH ST. SE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | EVERETT WA 98208 | 3.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROGERS, KAY | 4.2 NAME | |
| STREET ADDRESS | 14603 WEST 40TH AVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LYNNWOOD WA 98037 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALVES, BETH | 5.2 NAME | |
| STREET ADDRESS | 314 E AMMANN RD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | BULVERDE TX 78163 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SISK, MARY LANCE | 6.2 NAME | |
| STREET ADDRESS | 5526 FIVE KNOLLS DR | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHARLOTTE NC 28226 | 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 617, 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.

SIGNATURE: _____ **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)